

Health Governance Guides and Handbooks

Jim Rice and Mahesh Shukla

June 2014

Promote Global Health and Strong Health Systems

Governance, Health, Public health, Health governance, Health systems governance, Health center governance, Hospital governance, Public sector governance, CSO governance, Transparency, Trust, Accountability, Stakeholder engagement, Resource stewardship, Governance development, Management, Leadership

This report was made possible through support provided by the US Agency for International Development and the Office of Population and Reproductive Health, under the terms of Cooperative Agreement Number AID-OAA-A-11-00015 and Reena Shukla. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

Leadership, Management, and Governance Project
Management Sciences for Health
4301 North Fairfax Drive, Suite 400
Arlington, VA 22203
Telephone: 703-524-6575
<http://www.msh.org>



Cultivating Accountability

for Health Systems Strengthening

Series of Guides for Enhanced Governance of the
Health Sector and Health Institutions in Low- and
Middle-Income Countries

June 2014



Funding was provided by the United States Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-11-00015. The contents are the responsibility of the Leadership, Management, and Governance Project and do not necessarily reflect the views of USAID or the United States Government.

Table of Contents

Acknowledgements	4
Introduction	5
Purpose and Audience for the Guides	6
Governing Practice—Cultivating Accountability	8
Your Personal Accountability	10
Accountability of Your Organization to its Stakeholders.....	11
Internal Accountability in Your Organization	12
Accountability of Health Providers and Health Workers	13
Managing Performance	14
Sharing Information.....	15
Developing Social Accountability	16
Using Technology to Support Accountability	18
Smart Oversight.....	19
Appendix: Transparency and Accountability Tools.....	21
Accreditation	21
Community Scorecard	21
Citizen Report Cards	23
Participatory Budgeting.....	23
Independent Budget Analysis.....	23
Public Expenditure Tracking Survey	23
Social Audit.....	23
Citizen's Charter	24
Public Hearings	24
E-Governance	24
Community Radio	24
Community-Based Monitoring of Primary Healthcare Providers in Uganda.....	25
References and Resources.....	26
Transparency	26
Accountability.....	26
Want To Learn More?.....	27

Acknowledgements

This work was funded by the United States Agency for International Development (USAID) through the Leadership, Management, and Governance (LMG) Project. The LMG Project team thanks the staff of the USAID Office of Population and Reproductive Health, in particular, the LMG Project Agreement Officer's Representative and her team for their constant encouragement and support.

The guides and accompanying handbooks on governance represent the collective effort and input of many experts in public health leadership, management, and governance. The LMG Project would like to acknowledge the individuals who have made these materials possible.

We would like to thank members of the LMG Project team for their dedication to the learning opportunity that these materials provide. Dr. Mahesh Shukla, Senior Technical Advisor on Governance, and Dr. James A. Rice, Project Director, have been instrumental in creating and shaping the guides and handbooks on governance. Ummuro Adano, Lourdes de la Peza, Stephanie Calves, and Sarah Johnson served as internal reviewers and their suggestions have been very useful. The support of Xavier Alterescu, Megan Kearns, Laura Lartigue, Jeremy Malhotra, Elizabeth Walsh, Dana Bos, and Alison Ellis has been critical to the completion of the materials.

LMG would also like to thank other colleagues at Management Sciences for Health (MSH), specifically Karen Chio and Sharon May, for their instructional design review and inputs. A special thanks to MSH Ethiopia for giving us an opportunity to pilot test the governance guides and handbooks and for providing essential feedback on their practical application.

The LMG Project team thanks the hundreds of leaders, managers, and people who govern the health sector and health institutions in low- and middle-income countries, who spent substantial time participating in our surveys and interviews in 2012. The five effective governing practices were identified based on insights they shared during these inquiries. Special thanks are extended to the three Provincial Public Health Coordination Committees and eleven District Health Coordination Committees in Afghanistan who pilot tested the five governing practices, and found that the health system governance and antenatal care visit rate in their provinces had improved as a result.

Finally, LMG would like to thank all of the individuals and organizations striving to improve health sector governance all over the world. We hope the governance guides and accompanying handbooks will serve as valuable resources for the continued support of good governance.

Introduction

Thank you for all that you do to improve the performance of your health system. Good governing practices not only enable you to achieve more significant results in your work but also more sustainable results. Governance in the context of health has come into sharper focus over the past decade. It is one of the essential factors in the pursuit of stronger health systems and greater health impact. There is an emerging body of evidence that shows that effective governance improves health outcomes. Conversely, poor governance overall, and especially in the health sector, contributes to poor health outcomes. It undermines the vitality of a health system, making it less effective, less efficient, less equitable, and less responsive to the people it is intended to serve.

Governance is a collective process of making decisions to ensure continuous vitality and performance of organizations or health systems. Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and ensuring that the strategic goals and objectives are accomplished. Governance for health is governance done with the objective of protecting and promoting the health of the people served by a public or private organization.

(Source: Management Sciences for Health, “How to Govern the Health Sector and Its Institutions Effectively,” *The eManager*, No. 1, 2013)

Studies, roundtable discussions, and fieldwork done by the Leadership, Management, and Governance (LMG) Project¹ funded by the US Agency for International Development defined five governing practices as essential to the effective functioning of governing bodies:

- Cultivating accountability
- Engaging stakeholders
- Setting a shared strategic direction
- Stewarding resources
- Assessing and enhancing governance

The LMG Project developed this series of guides and the accompanying training handbooks to help you operationalize each of the five governing practices in your organization. You will have an opportunity to use (1) guides that explain each of the five practices; (2) training handbooks that support and prepare you to apply the governing practices described in the guides, and (3) a series of reading materials, case studies, tools, and resources.

We hope you will find the materials and the training course based on them useful and, as a result of investing your time in the course, that you will be more comfortable, confident, and competent in your governing role. As governance leaders or members of governing bodies, using these guides you will be able to apply the five effective governing practices in your organization, and improve your governance performance and in turn, your organization’s performance. Training course based on these guides will make the learning of the five governing practices more effective and the course will enable you to develop and implement a governance enhancement plan for your organization. The course uses the five guides as required readings for the participants. We have also developed a separate training facilitator’s handbook to help the facilitators deliver the governance enhancement training in a structured way and with maximum effectiveness.

¹ The LMG Project is implemented by a consortium of six partner organizations: Management Sciences for Health, African Medical and Research Foundation, Medic Mobile, International Planned Parenthood Federation, Johns Hopkins University Bloomberg School of Public Health, and Yale University Global Health Leadership Institute. You may visit us at www.lmgforhealth.org.

Purpose and Audience for the Guides

The series consists of five guides on effective governance of the health sector and health institutions:

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

The primary users of these guides are the teams of leaders who govern and leaders who manage the health sector and health institutions in low- and middle-income countries. As senior health leaders, the guides are designed to help you implement the five essential governing practices in your organization. The contents of these guides are applicable to the public sector or government organizations and to not-for-profit or nongovernmental organizations (NGO) or civil society organizations. The guides are also applicable at all levels of the health system: national, provincial, district, or community level as well as at the institutional, organizational or health facility level. For example, the Minister or Permanent Secretary or Director of a department in the Ministry of Health and her/his senior leadership team will find the guides and the training course based on these guides useful. The Director or Head of a provincial health department or a district health office or a hospital or a health center and her/his colleagues in the governing body will likewise benefit. Using these materials, members of governing bodies that direct provincial health systems, district health systems, hospitals, and health centers in public and not-for-profit sectors will be able to adapt effective governing practices to their own settings, apply them, improve their governance and, in turn, the performance of their organizations.

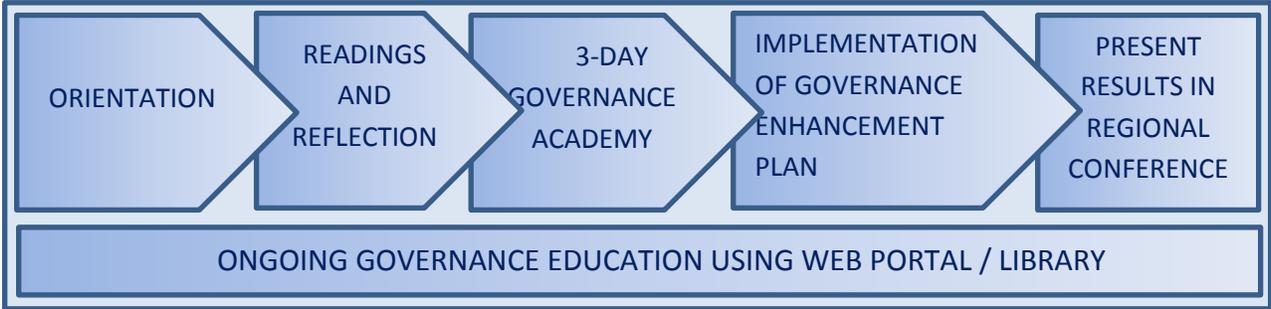
To facilitate the structured delivery of the content of the five guides, training handbooks have been developed to accompany the guides and to be used by the training facilitators. The handbooks are designed as the training facilitator's tool and the training facilitator's resource for your capacity building as governance leaders (leaders who govern) or management leaders who support good governing practices. Separate training handbooks have been developed for the training of the governance leaders or governing bodies of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers.

The guides can be used as a self-study resource by the governance leaders or governing bodies to learn the five governing practices and apply them. These are available at <http://www.lmgforhealth.org/expertise/governing>. You may start with taking some of the governance self-assessments that you will find in the appendices in the Guide for Continuous Governance Enhancement. This will help you assess your governing practices. You may then start with the guide for the governing practice where you feel you need to improve the most. Alternatively, you may start with the guide on cultivating accountability, and then move on to the guides on engaging stakeholders, setting shared strategic direction, stewarding resources, and continuous governance enhancement, in that order. The practices are inter-related, one builds on another. This sequence will allow you to benefit from this attribute of the practices. The learning and its application will be more effective if a structured training is organized using the training handbook relevant for your setting. The guides, handbooks, and other resource materials will support your capacity building as leaders who govern or leaders who manage, and leaders who are dedicated to strengthening the performance and results of health systems in low- and middle-income countries.

The learning continuum comprises a carefully designed learning experience consisting of: general orientation of new governing body members; readings, reflection, and collective self-assessment by the governing body; a three-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered; implementation of a governance enhancement plan and an action plan to improve selected measures of the organization's performance; and presentation of lessons learned and results in a regional

conference; all of this is supported by continuous governance education using the resources available on the LMG website <http://www.lmgforhealth.org/expertise/governing>.

Governance Learning Continuum



The three-day Governance Academy or governance workshop is at the heart of this learning plan. As described in the accompanying training handbooks, there are twelve sessions in the Governance Academy designed to help participants master the contents of the five guides. The sessions are practice-oriented and based on an experiential learning methodology. The handbooks describe specific trainer goals and learning objectives for each session. Course participants are expected to be teams of governance leaders and senior management leaders from similar settings. For example, participants could be senior governance and management leaders from several different hospitals. However, they should be from hospital settings only so that the focus is on applying the practices in a hospital setting. By the end of the course, the teams would have prepared a governance enhancement plan and an action plan to improve two to three strategic measures of their organization’s performance. When they go back to their organizations, senior governance and management leaders work together as a team to consistently apply the five essential governing practices, implement their plans and improve their organization’s governance and performance.

Governance enhancement plan comprises periodically assessing governing practices and continuously trying to improve these practices through regular governance assessments, governance orientation and education, building diversity in the governing body, cultivating essential governance competencies, conducting productive meetings, establishing governance policies, and using governance technologies like dashboard.

The primary purpose of enhancing governance is improving the organizational performance. For this reason, the governance leaders working with the senior management and key stakeholders develop an action plan to improve two to three strategic measures of the organization’s performance. This involves practical application of the governance capabilities of the governing body and also consistent application of the effective governing practices they learned in course of the governance enhancement education. When the governance leaders see their governance decisions translating into higher organizational performance, they are inclined to consistently apply the effective governing practices. A virtuous cycle is set into motion, improved governance leading to better organizational performance, which in turn motivates the governance leaders to continuously enhance their governance.

Governing Practice—Cultivating Accountability

Accountability means that institutions—ministries, organizations, and health facilities—are responsible for meeting the needs of the people whom they were created to serve and protect. Cultivating accountability is creating an environment in which governing actions are trustworthy, fair, inclusive, and effective. In doing so, the governing body establishes itself as legitimate. Openness, transparency, and responsiveness are its key enabling factors. Cultivating accountability may be difficult to achieve, yet it has clear benefits.

Accountability exists when there is a relationship between two parties, and the performance of tasks or functions by one party is subject to the other’s oversight, direction, or requests for information. Accountability means ensuring that officials in public, private, and voluntary sector organizations are answerable for their actions and that there is redress when duties and commitments are not met.

Social accountability refers to a broad range of actions and processes that citizens, communities, independent media, and civil society organizations may use to hold public officials and public servants accountable. Social accountability is increasingly recognized by health institutions as a means of improving service delivery. Social accountability tools include participatory budgeting, public expenditure tracking, citizen report cards, community monitoring, social audits, public hearings, and community radio. These tools can contribute to improved governance and increased development effectiveness through better service delivery and empowerment.

When accountability is strengthened, the opportunity for corruption is diminished, and outcomes of the health system, such as responsiveness, equity, and efficiency, are positively affected. To explore the good governing practice of cultivating accountability, you will want to consider the principles and actions presented below:

Cultivate Accountability: Foster a facilitative decision-making environment based on systems and structures that support transparency and accountability.

Principles underlying the practice	Governing actions you can take:
Accountability	<ul style="list-style-type: none">• Establish, champion, practice, and enforce codes of conduct that uphold the key governance principles and demonstrate the authority of the governance decision-making processes.
Transparency	<ul style="list-style-type: none">• Embed accountability in the governing institutions by creating ways to share information and rewarding behaviors that reinforce the key governance principles.
Legal, ethical, and moral behavior	<ul style="list-style-type: none">• Make all reports on finances, activities, and plans available to the public, and share them formally with stakeholders, staff, public monitoring bodies, and the media.
Accessibility	<ul style="list-style-type: none">• Set expectations that other stakeholders share.
Social justice	<ul style="list-style-type: none">• Establish oversight and review processes to regularly assess the impact and appropriateness of decisions made.
Moral capital	<ul style="list-style-type: none">• Establish a formal consultation process through which stakeholders may voice concerns or provide other feedback.
Oversight	<ul style="list-style-type: none">• Sustain a culture of integrity and openness that serves the public interest.
Legitimacy	

Cultivating Accountability

To master this governing practice, those who govern and those who support good governance need to discuss and understand the following nine capabilities:

1. Your personal accountability
2. Accountability of your organization to its stakeholders
3. Internal accountability in your organization
4. Accountability of health providers and health workers
5. Managing performance
6. Sharing information
7. Developing social accountability
8. Using technology to support accountability
9. Smart oversight



This guide presents a number of activities that may be implemented to achieve each of these nine capabilities. A variety of tools and resources to support these activities are provided in the Appendix of this guide. In the following sections of the guide, “you” should be interpreted as you the leader who governs - working with your governing body and the senior management team.

Your Personal Accountability

Good governance in the health sector is a group process. For group decision making to be effective, each person must be personally responsible for her or his own work, behavior, and results. When you are personally responsible, you take ownership of situations, challenges, and strategies and see them through to completion. To help achieve personal accountability, several actions may be considered, such as those listed below.

You are accountable to the people and communities you serve. To demonstrate this, the following actions are important to consider.

1. Take ownership of your decisions. Accountability begins with your own thinking, attitudes, and beliefs about taking personal ownership of your decisions and their outcomes and consequences.
2. Be consistent in your public and private behavior. Practice what you preach.
3. Openly listen when stakeholders, community members, or health workers offer perspectives that are different from your own.
4. Interact openly and candidly with stakeholders, community members, and health workers. Share information with community members and health workers. Use mobile phones for effective dissemination of information.
5. Answer questions from stakeholders, community members, and health workers, and welcome constructive feedback on your actions and decisions.
6. Accept responsibility for your actions, and accept ownership of the results of your decisions.
7. Accept responsibility for the future direction and accomplishments of your organization.
8. Openly explain the reasons for your decisions.
9. Demonstrate a sense of responsibility to the people and health workers when making decisions.
10. Avoid making excuses and blaming others for mistakes. Openly admit your mistakes to stakeholders, community members, and health workers, and take quick action to deal with the consequences of a mistake.
11. Provide explanations to stakeholders and community members for the underperformance of your ministry, department, or organization, and without making excuses.
12. As a public official, civil servant, public manager, director, or a trustee, you are in a fiduciary relationship or a relationship of trust with your stakeholders. You have a duty to act visibly, predictably and understandably from their perspective.

Of these actions, which two or three are the most important in your situation and why?

What should you do to improve your capacity to conduct these priority actions?

Accountability of Your Organization to its Stakeholders

Governance leaders are responsible for their own personal behavior and commitments, and must also ensure that their organization is accountable to stakeholders, such as patients, communities, elected politicians, and public and private purchasers and providers of health services. To help ensure this organizational accountability to stakeholders, consider the actions listed below:

1. Establish, champion, practice, and enforce codes of conduct that uphold the key governance principles and demonstrate the legitimate authority of the governance leadership.
2. Embed accountability into your organization by creating mechanisms for sharing information and rewarding behaviors that reinforce key governance principles.
3. Make all reports on finances, activities, plans, and performance available to the public, and share them formally with stakeholders, staff, regulatory bodies, and the media.
4. Set expectations that other stakeholders share.
5. Establish oversight and review processes (internal and external monitoring and evaluation by committees) to continuously assess the impact and appropriateness of decisions made.
6. Encourage stakeholder participation in the development of accountable and sustainable health services.
7. Establish a formal consultation mechanism (open forums, open meetings, etc.) through which constituencies may voice concerns or provide their feedback.
8. Sustain a culture of integrity and openness that serves the public interest.
9. Clarify to your stakeholders the behavior they should expect of you and your staff and the criteria by which you may validly be judged.
10. Establish a strategy based on a comprehensive and balanced understanding of the health needs of your population.
11. Establish goals and standards against which the strategy and performance may be managed and judged.
12. Disclose credible information about the strategy, goals, standards, and performance to the public and stakeholders.
13. Establish mechanisms to investigate whether you and your staff have met the standards, goals, and targets expected of you.
14. Establish a process under which you and your staff are required to defend your actions, face skeptical questions, and explain yourselves to the public and stakeholders.
15. Establish a process under which those who are responsible, including yourself, are held accountable for falling below the standards expected or are rewarded for achieving or exceeding the standards.

Of these actions, which two or three are the most important in your situation and why?

What should you do to improve the capacity of your organization to conduct these priority actions?

Internal Accountability in Your Organization

Health care is a labor-intensive sector. Leaders who govern must create workplace conditions in which internal stakeholders are proud of their work and are enthusiastic in their willingness to continuously improve access to high quality services. The actions below can help you enhance and expand the accountability of staff in your health system or organization. Remember, practicing accountable behaviors is everyone's responsibility – the governing body, management and staff. In addition, the governing body's role is oversight and to make sure that there is internal accountability in the organization.

1. Ensure the free flow of information internally in the organization.
2. Create an environment in which acting with greater accountability is rewarded and something that is not to be feared.
3. Keep fear to a minimum and encourage risk-taking when and where necessary.
4. All staff should be supported in their work by the senior leadership, their direct supervisors, as well as their peers, their immediate work team.
5. Goals or tasks are clear to all employees.
6. Managers have access to data and information in order to make sound decisions.
7. Managers and staff have sufficient resources to be able to succeed.
8. Managers and staff know to whom they're accountable and for what.
9. Performance and targets achieved are monitored in a transparent manner, using a process under which managers and staff may explain their decisions and justify their actions.
10. Results are measured and explained to internal and external stakeholders.
11. There are consequences for nonperformance or underperformance as well as rewards for excellent performance.

Of these actions, which two or three are the most important in your situation?

For these two or three actions, what factors are most likely to frustrate their successful accomplishment?

What should you do to improve your support of employees in your organization, without duplicating management's role or micro-managing?

Accountability of Health Providers and Health Workers

A unique sub-set of employees or internal stakeholders are the clinicians (physicians, nurses, nurse midwives, pharmacists, laboratory technicians) and public health workers. Effective governing bodies are skilled at listening to these health providers and workers to assess how well the system is working and to define innovative and cost effective strategies for performance improvement and health system strengthening. Actions to be more accountable to health providers and workers and to make them accountable include:

1. Be willing to admit mistakes and learn from your mistakes. Set an example for health providers and workers to follow.
2. Encourage health workers and heads of health facilities to share both successes and challenges.
3. Ensure managers provide timely, clear, and specific performance expectations and feedback to health workers and heads of health facilities.
4. Ensure that the performance of health workers is regularly reviewed. Ensure the performance of health facilities is regularly assessed and findings are explained to the appropriate stakeholders. Ensure the use of medicines and medical supplies is regularly reviewed.
5. Ensure any underperformance is discussed with the concerned health worker and the head of the health facility. Recognize and praise excellent performance of a health worker or a facility.
6. Set the standards of behavior for health workers and heads of health facilities. Encourage community members to assess whether these standards are being met.
7. Establish a process for community members and stakeholders to ask questions of health workers, the head of the health facility, and members of the hospital board or health center management committee. In response, health workers, the head of the health facility and the governing body should explain their decisions and actions to the community.
8. Ensure clear goals are set for health workers and heads of health facilities and they are supported in achieving these goals.
9. Ensure that health workers and heads of health facilities have sufficient resources to succeed.
10. Establish a system of rewards for health workers who meet established standards. Set up a transparent process for dealing with health workers who do not meet the standards.

What two or three actions can you take working with your management team to enhance the accountability of health workers and health managers in your organization?

Managing Performance

Those who govern should avoid the temptation to micromanage. However, management should develop and use “performance dashboards” or “balanced score cards” that document how well the organization is doing to achieve a handful of key indicators of success or essential measures of progress as against plans.

Important activities for the governing body to consider are:

1. Formulate a clear mission, and strategy to achieve it.
2. Develop an explicit measurement strategy to measure your progress.
3. Ensure measures for all strategic and operational objectives are identified.
4. Ensure key users of measures are involved in the design and development of indicators.
5. Ensure measures are developed with users of measures in mind. Each user should be able to get a clear picture of performance with sufficient detail.
6. Ensure that the customer or health service user perspective is kept in mind throughout the measurement process.
7. Ensure that the performance information is used to refine programs and policies.
8. Ensure the performance measures are periodically reviewed and revised.
9. Ensure performance is measured and reported disaggregated by gender.
10. Ensure the skills of managers and employees are developed in selecting and using meaningful measures to support their decision making.
11. Ensure employees are involved in selecting and implementing measures.
12. Improve managers' and employees' perception of the value of measuring performance.

Identify two or three steps that, with your organization’s senior leaders, you will take to cultivate a culture of performance measurement in your organization.

Sharing Information

Effective governance decision makers need information that is accurate and timely, covering the right issues, and presented in formats that are easy to understand and use. Effective governing bodies establish a positive partnership with health managers and clinicians to define exactly what should be the minimum dataset that will inform all concerned about how well the organization is performing on the following core dimensions:

- People using services
- Costs of services used
- Vacancies among health workers
- Citizen satisfaction
- Health worker satisfaction
- Medicine and supply stock-outs
- Death rates

These are several activities that may be undertaken by the management and staff and ensured by the governing body to make wise use of information and cultivate a culture of accountability.

1. Publish relevant information and make it accessible.
2. Present information in simple and readily comprehensible language and formats appropriate for different stakeholders.
3. The information should retain the detail and disaggregation necessary for analysis, evaluation, and participation.
4. Publish timely and accurate information.
5. Make information available in sufficient time to permit analysis, evaluation, and engagement by relevant stakeholders.
6. Provide information during the planning phase as well as during and after the implementation of policies and programs.
7. Manage information to keep it up-to-date, accurate, and complete.
8. Grant access to information to those who are affected by decisions, transactions, or the work of your organization. This could include a wide range of internal and external stakeholders: employees, patients, citizens, shareholders, suppliers, and NGOs.
9. Local laws governing access to information, if they have been enacted in your situation, will help you establish a framework for citizens and civil society to access information about your organization's health services.
10. Performance measures and financial statements should be shared with the public and all other stakeholders. Information about budget, spending, and outcomes should be shared.
11. Internal transparency, i.e., transparency within your organization, is as important as transparency with external stakeholders. Internal transparency increases employee loyalty and collaboration.
12. Use of modern information and communication technologies facilitates wider and more effective dissemination of information.

What two or three actions can you take with management to help share information with the public and other stakeholders so that stakeholders may more effectively engage with and best use your organization's services?



Developing Social Accountability

The governance of health systems owes a duty to engage with, to inform, and to be accountable to a broad array of external stakeholders in local, provincial, or national society. Effective governing bodies do not hide from public scrutiny; rather, they proactively design sensible engagement strategies and performance reporting with these groups.

Social accountability refers to a broad range of actions and mechanisms that citizens, communities, independent media, and civil society organizations may use to hold public officials and public servants accountable. These mechanisms contribute to improved governance and increased health system effectiveness through better health service delivery and empowerment.

Social accountability in the delivery of health services may be strengthened by using several of the mechanisms listed below. Descriptions of these mechanisms are provided in the Appendix.

1. Participatory budgeting
2. Public expenditure tracking
3. Citizen report cards
4. Community score cards
5. Social audit
6. Citizen charters
7. Public hearings
8. Community radio

Which two or three of these mechanisms are appropriate in your situation? Which mechanisms can your organization use to make health service providers more accountable to the communities they serve?

Gender and social accountability

Gender accountability is related to gender relations and power differences at all levels, and there is often a lack of knowledge and sensitivity among politicians and providers regarding people's specific needs based on gender. Women often encounter problems accessing health services and holding service providers accountable. No structure may be available for them to articulate their expectations and needs. To overcome these constraints, social accountability processes have been widely promoted as a mechanism to make service delivery responsive to gender concerns.

Women, particularly young women, face many challenges in participating in politics or in holding politicians or policy makers to account. Cambodia is a case in point. Women – and young women in particular – are not yet well represented and actively engaged in political decision-making processes. For example, 18 percent of the commune councilors are women when women constitute 51 percent of the total population. The representation of young women is even poorer. Women between the ages of 25 to 35 constitute 14.3% of women of all ages but hold only 281 out of 11,450 commune council seats – a proportion of 2.5 percent. Of the 1,633 commune council chief positions, only 8 are held by women of this age group. Older women are likelier to hold these positions of power. *Young Women's Political Participation and Representation in Local Governance in Cambodia*, a case study (available at <http://www.cpw.net/images/case.pdf>) and its accompanying film, "Polishing a Diamond" (<http://www.youtube.com/watch?v=S6Gc2LhSQTg&list=PLA1442106EA2E06BE&feature=share>), reflects the voices and experiences of young women. These young women exemplify the issues, hopes and concerns of women in many countries in respect of political participation. Women remain less visible than men in the public sphere in Cambodia. Lately small but growing numbers of young women are now joining local politics. The case study recommends a three-pronged strategy: politics needs to be framed in terms that resonate with the issues, concerns, and dreams of young women, it should be made more accessible to them, and partnerships and alliances should be built among various women's rights and youth organizations, organizations working for women's political participation, political parties, and the media.

Yet there are many examples where women are actively involved in social accountability processes. The Women of Uganda Network, a non-governmental organization, is strengthening women's groups and community-based organizations in five districts of northern Uganda to help them better monitor service delivery and fight corruption. The NGO seeks to use modern information and communication technologies for this purpose. Under the Ethiopia Social Accountability Project (ESAP2), women are participating in social accountability committees and are demanding better health and family planning services. With ESAP2 support, the Women's Association of Tigray in northern Ethiopia has used community score cards to monitor health and education service delivery for women. The association has successfully implemented a range of activities focused on gender and women empowerment such as advocating for increasing women's participation, providing skill development training and capital for poor women, and providing care and support for vulnerable children and women living with HIV.

In the state of Odisha in India, the White Ribbon Alliance for Safe Motherhood (WRA-India) used social accountability tools such as (1) maternal death audits via verbal autopsies, (2) health facility checklists, and (3) public hearings and rallies to bring women together with government officials and service providers to address grievances regarding maternal care. Public hearings provided women a forum to collectively voice their concerns and demands. Supported by the WRA-Uganda, community members, mainly women in Uganda using a check list assessed health facilities for availability of maternal health

services. In Nepal, over 1,000 village-based women's committees are actively addressing violence against women and children.

Under OECD's Mwananchi Program, the National Women's Lobby Group in Malawi is training 60 community volunteers in accountability and governance skills so they can monitor implementation of health and education projects in the Chidachanga district. The Movement for Resettlement and Rural Development in the Kenema District of Sierra Leone is working with rural women to build their confidence to run for elected office, and is increasing cooperation between women of different political parties to encourage increased women's participation in politics overall. In Zambia, Petauke Explorers Radio uses radio and local media to raise awareness about the need for policy-makers, civil society organizations and communities to engage with each other on issues affecting the participation of women, and it promotes policy-engagement on governance by involving community members in the production of radio programs. The Zambia Council for Social Development is promoting the equal participation of men and women in local governance through locally developed participation action plans, gender promotion groups and gender manuals.

In Peru, an alliance was established between the regional ombudsman's office and networks of community women leaders. Following a capacity building intervention, 47 women were selected to work as monitors. The women, working in pairs, introduce themselves to health staff. They monitor health facilities over periods from three to eight hours and they review information on admissions, maternity and child health consultations, and the administrative health insurance section. The women monitors consult health service users about the quality of the services and how they were treated in the health center. The monitors speak with healthcare providers, observe procedures and note both good and bad practices, and the names of the health workers. Once a month, there is a meeting with the regional ombudsman's office where the women report their findings. The ombudsman's office representative records the information and reports findings to the healthcare facility manager and to the health team. An evaluation of this initiative demonstrated many benefits to both clients and to health workers who developed a greater understanding of the rights of the health service users, improved attitudes, and became more responsive to the needs of the poor. The evaluation also showed increased numbers of births in health facilities (from 9,183 to 12,184), and increased access to culturally appropriate childbirth care. This work contributed to the institutionalization of citizen surveillance as part of Peru's 2010 National Health Policy.

HelpAge International in Bolivia trained five older people's organizations to monitor the financing and delivery of services. The organizations helped to improve the quality of medical services, and acted to increase the knowledge of insurance among older people, especially women. A law later enacted includes a monitoring framework consisting of Comites de Vigilancia (civil society organizations that monitor the work of municipal governments) and organizations of older men and women, which have a responsibility to identify the obstacles in accessing the health services.

Using Technology to Support Accountability

New communication technologies are increasingly available to support: (1) the engagement of internal and external stakeholders; (2) a two-way flow of timely and accurate ideas, insights, and information among stakeholders for planning and performance monitoring; and (3) the prompt celebration of progress as against plans to show appreciation for the work and results achieved.

Governing body members should familiarize themselves with various eHealth and mHealth technologies available in the market. eHealth is the use of information and communication technologies for protecting, promoting, or restoring health, for example, for treating patients, conducting research, educating the health workforce, tracking diseases, or monitoring public health. mHealth is the use of mobile and wireless devices to improve health outcomes, health care services and health research.

Of the activities listed below, which two or three are the most important in your situation?

1. Use mobile phones and other modern information and communication technologies for promoting transparency, cultivating accountability, and engaging with stakeholders.
2. Use data generated or transmitted via these technologies to enhance performance accountability.
3. Use mobile phones and other eHealth strategies for monitoring service delivery, and rapidly collecting data and evidence for evaluation purposes.
4. Use modern technology for knowledge exchange and capacity development of health workers in providing service in a transparent and accountable way.
5. Use mobile phones and eHealth strategies to assess health service access for your organization’s hard-to-reach populations.
6. Use mHealth and eHealth strategies to improve transparency and accountability in health care through health information management and its display on public websites.
7. Facilitate citizen-led public accountability using mobile phones, for example, through SMS-based applications that generate frequent and detailed overviews of health worker attendance.
8. Involve citizens in the monitoring of health services, such as using mobile phones to report on the availability of medicines and vaccines, stock-outs, waiting time at clinics, health worker payments, functionality of equipment, etc.
9. Use eProcurement to publish contract and procurement opportunities for goods and services.

In which two or three practical ways can your organization use technology to make health services more transparent and accountable to health service users?

Smart Oversight

Good governance is shaped by, and also shapes, good leadership and management of health systems, organizations, and programs. While micromanagement by governance leaders erodes the morale and effectiveness of managers, effective governance does need to protect and enhance the mission and the assets entrusted to the governing body. Leaders who govern have a duty to monitor the organization’s plans and performance. This oversight role is critical and essential.

Of the activities listed below, which two or three are the most important in your situation? How can you best accomplish them?

1. Remain mission focused.
2. Make sure that policies are followed and implemented.
3. Oversee and ensure that your organization or department meets its legal obligations.
4. Evaluate performance of health leaders and health managers on a regular basis.
5. Make sure that adequate internal controls are in place.
6. Monitor the financial health of your organization. Look at its financial sustainability, i.e., the financial capacity of your organization to continue its activities in the future and to expand activities to keep up with population growth and with the additional demands created by the epidemiological situation.
7. Build your organization's long-term ability to mobilize and allocate sufficient and appropriate resources (manpower, technology, information, and funding) for activities that meet the health needs of your communities.
8. Use actual financial data for planning, oversight, and evaluation.
9. Set up and monitor key financial indicators.
10. Assess and minimize risk, i.e., ensure that your organization or department maintains a good financial standing, that it is audited in a professional way, and that warning signs are pursued when something is wrong.
11. Govern in constructive partnership with health workers and health managers, recognizing that your effectiveness and their effectiveness are interdependent.

For the two or three most important oversight actions, answer the following three questions:

- 1. What are the obstacles leaders who govern are likely to experience in the oversight process?**
- 2. How might those obstacles best be removed or reduced by the governing body?**
- 3. What are two or three practical ways to help ensure the successful accomplishment of smart governance oversight?**

Appendix: Transparency and Accountability Tools

(Source: South Asia Social Accountability Network (SasaNet) and the Affiliated Network for Social Accountability in East Asia and the Pacific (ANSA-EAP))

Accreditation

Accreditation is a formal process conducted by an external agency that examines all aspects of the functioning of an organization. The examination is conducted using specific, pre-defined standards that address all dimensions of organizational performance, and which are designed to create uniformity in organizational operations. Accreditation may be a requirement for government grants or entry into a profession. Accrediting agencies are sometimes accredited by a government agency in either the executive or judicial branch. Moreover, accreditation decisions take on a quasi-legal status and may be subject to judicial review because of their impact.

Community Scorecard



The community scorecard is a tool used for the assessment, planning, monitoring, and evaluation of service delivery. The community scorecard is very useful to local governing bodies, such as a community health council.

It is a participatory, community-based monitoring tool that enables the assessment of health services provided by a health post or other health facility. It is used to inform community members about available services and to solicit their opinions about the accessibility and quality of these services. Its use can increase social and public accountability and the responsiveness of health workers and facility staff. To implement a community scorecard in your community, take the following steps:

1. Develop a scorecard:
 - a. Organize community members into one or more discussion groups.
 - b. Ask each group to identify performance indicators for the health services the community receives.
 - c. Ask each group to score each indicator and give reasons for the scores.

- d. Ask each group to develop their own suggestions on how to improve the services, based on the performance criteria they have identified.
2. Health workers and other facility staff conduct a self-assessment:
 - a. Help the community health workers and facility staff to develop a self-evaluation score card.
 - b. Hold a session with them to develop performance indicators.
 - c. Ask them to score each indicator and give reasons for the scores.
 - d. Discuss possible solutions to problems identified.
 3. Convene a joint meeting between the community and the health staff:
 - a. With the facilitation assistance of community health council members, each group presents its indicators and scores.
 - b. Reasons for the scores are discussed.
 - c. The health staff give feedback and respond to the scores provided by the community members.
 - d. All participants discuss and agree on possible solutions.
 4. Follow-up:
 - a. Record scorecard results and announce the results to the community and to the health staff.
 - b. Use scorecard results to improve the community's experience with health services.
 - c. Ensure the implementation and follow-up of the solutions agreed upon.
 - d. Involve community-based organizations in the scorecard initiative.
 - e. Repeat this scorecard exercise on a periodic basis.

Sample community scorecard for a health facility

No.	Indicators (in order of importance)	Maximum score	Score at the baseline	Score after 6 months	Reasons for giving a specific score
1.	Availability of female staff	10			
2.	Night duty	10			
3.	Behavior of staff	10			
4.	Availability of medicines	10			
5.	Waiting place	10			

Citizen Report Cards

Citizen report cards are participatory surveys that solicit user feedback on the performance of public services. They can significantly enhance public accountability through the media coverage and civil society advocacy that usually accompanies the process. They are used in situations where data, such as user perceptions on quality and satisfaction with public services, are absent. By systematically gathering and disseminating public feedback, citizen report cards serve as a useful medium through which citizens may credibly and collectively comment on the performance of public institutions and advocate for change.

Participatory Budgeting

Participatory budgeting is broadly defined as a mechanism or process through which citizens participate directly in the different phases of budget formulation, decision making, and monitoring of budget execution. Public budgeting can be instrumental in increasing public expenditure transparency and in improving budget targeting. Since it is a useful vehicle to promote civic engagement, public budgeting has been referred to as a school of citizenship.

Independent Budget Analysis

Independent budget analysis work has taken many forms. A common characteristic of this work is that it serves to demystify the often highly technical language of official budgets and to open up to public scrutiny the often opaque budgetary process. Budget analysis is closely linked with the process of budget formulation, as it aims to generate debate on the national budget and influence the budget that is ultimately approved. Typically, independent budget analysis focuses on one or more of the following issues:

1. Improving information sharing and public understanding of the budget.
2. Increasing pro-poor allocations.
3. Improving targeting of funds for vulnerable groups, including women and children.
4. Initiating debate on sector specific implications of budget allocations.
5. Influencing revenue policies.
6. Tracking revenues and expenditures.

Public Expenditure Tracking Survey

A Public Expenditure Tracking Survey (PETS) is a quantitative survey of the supply side of public services. The unit of observation is typically a service facility or local government rather than a household or an enterprise. The survey collects information on facility characteristics, financial flows, outputs (services delivered), accountability arrangements, etc. As quantitative exercises, PETS are separate from, but complementary to qualitative surveys on consumers' perceptions of service delivery. They have been found to be very influential in highlighting the use and abuse of public money.

Social Audit

Social audit is a process that collects information on the resources of an organization. The information is analyzed and shared publicly in a participatory fashion. The central concern of a social audit is how resources are used for social objectives. Most social audits consist of the following activities and

outcomes: produce information that is perceived to be evidence-based, accurate and impartial; create awareness among beneficiaries and providers of local services; improve citizens' access to information concerning government documents; act as a tool for exposing corruption and mismanagement; permit stakeholders to influence the behavior of the government; and monitor progress and help prevent fraud by deterrence.

Citizen's Charter

A citizen's charter is a document that informs citizens about the: entitlements they have as users of a public service; standards they can expect for a service (time frame and quality); remedies available for non-adherence to standards; and procedures and costs and charges for a service. The citizen's charter aims to improve the quality of services by publishing standards that users can expect for each service they receive from a government. The charter entitles users to an explanation and, in some cases, compensation if the standards are not met. If citizens are well informed about their rights as clients of public services and about existing complaint mechanisms to voice grievances, they can exert considerable pressure on service providers to improve their performance. The standards to which service providers commit themselves are useful yardsticks for monitoring and evaluating service delivery.

Public Hearings

Public hearings are formal meetings at the community level where local officials and citizens have the opportunity to exchange information and opinions on community affairs. A typical example is public hearings on community budgets. These meetings are open to the general public and are therefore an important tool for citizens to raise their concerns in front of elected officials and bureaucrats, on the one hand, and an important feedback mechanism for officials to gain a better understanding of the citizens' experiences and views, on the other hand.

E-Governance

E-governance is the use of information and communication technologies with the aim of improving information and service delivery, encouraging citizen participation in decision making, and making government more accountable, transparent, and effective.

Community Radio

Community radio is a radio station with the following distinct characteristics:

1. Community radio is an interactive medium of communication that offers a lot of opportunity for listeners to participate.
2. It is distinct from other forms of broadcasting as it is a non-profit service.
3. It is owned and managed by a particular community.
4. It deals with local issues in the local languages and cultural context, and addresses local problems and concerns. Its programs are based on audience access and participation and reflect the special interests and needs of the community.
5. It is especially suited to help poor and illiterate populations be heard, be informed, learn, and participate in a dialogue.
6. Community radio programs are low-cost for both the user and the producer.

We provide an example below where social accountability tools were effectively used to improve quality of health services.

Community-Based Monitoring of Primary Healthcare Providers in Uganda

Rural dispensaries in Uganda provide preventive outpatient care, maternity, and laboratory services. A number of entities are responsible for the supervision and control of the dispensaries, including the Health Unit Management Committee, which monitors the day-to-day running of the facility, but has no authority to sanction workers. The Health Sub-district, one level above, is supposed to monitor funds, medicines, and service delivery, but monitoring is infrequent. Only the Chief Administrative Officer of the District and the District Service Commission have the authority to suspend or dismiss staff. Usually staffed by one medical worker, two nurses, and three aides, dispensaries provide no incentives for their workers to improve their performance. Researchers conducted a randomized evaluation of 50 dispensaries in nine districts of Uganda to see if community monitoring could impact health worker performance and subsequent use of health services and outcomes.

In the area around 25 randomly selected dispensaries, local NGOs facilitated three sets of meetings. In the first, approximately 150 community members, both the disadvantaged and the elite, discussed the status of their health services and means of identifying steps that providers should take to improve health service provision. Second, a provider staff meeting was held to contrast the citizen view of service provision with that of the health worker. The third, an interface meeting, allowed community members and health workers to discuss patient rights and provider responsibilities. The outcome was a shared action plan, or a contract, outlining the community's and the service providers' agreement on what needs to be done, how, when, and by whom. These three sets of meetings aimed to kick-start the process of community monitoring. After six months, community and interface meetings were held to review progress and suggest improvements.

A survey was administered to both the service providers and a randomly selected subset of households around each dispensary prior to the intervention and again one year later. This information was supplemented by administrative records and visual checks of the dispensary.

Impact on Quality of Care: A year after the first round of meetings, health facilities in treatment villages were 36 percent more likely to have suggestion boxes and 20 percent more likely to have numbered waiting cards, relative to the comparison facilities. There was a 12-minute reduction in waiting time, and a 13 percentage point reduction in absenteeism, and the overall cleanliness of the facilities improved.

Impact on Health Outcomes: Use of general outpatient services was 20 percent higher in the treatment group. Specifically, 58 percent more people came for child birth deliveries, 19 percent more patients sought prenatal care, the number of patients seeking family planning increased by 22 percent, and immunizations increased for all age groups, especially newborns. Households also reduced the number of visits to traditional healers and the extent of self-treatment. Relative to the comparison group, intervention communities saw a 33 percent reduction in the mortality of children under five years old. The degree of community monitoring had a significant relationship to the use of health services and their outcomes. (Source: Abdul Latif Jameel Poverty Action Lab <http://www.povertyactionlab.org/evaluation/community-based-monitoring-primary-healthcare-providers-uganda>)

References and Resources

Transparency

1. Tools to support transparency in local governance. 2004. A publication by United Nations Human Settlements Programme (UN-Habitat) and Transparency International, Nairobi, Kenya
2. Anti-Corruption Resource Centre. *Good practice in strengthening transparency, participation, accountability and integrity*. <http://www.u4.no/publications/good-practice-in-strengthening-transparency-participation-accountability-and-integrity/>

Accountability

1. Social accountability tools and resources are available on South Asia Social Accountability Network (SasaNet) website at <http://www.sasanet.org/Tools.do> and <http://www.sasanet.org/resources.do>. They are also on the Affiliated Network for Social Accountability in East Asia and the Pacific (ANSA-EAP) at <http://www.ansa-eap.net/>.
2. ActionAid. 2011. *Accountability – Quality and Equity in Public Service Provision*. http://www.actionaid.org/sites/files/actionaid/accountability_-_quality_and_equity_in_public_service_provision_-_hrba_governance_resources.pdf
3. Ringold, D., et al. 2011. *Citizens and Service Delivery: Assessing the Use of Social Accountability Approaches in Human Development Sectors*. The World Bank, Washington, DC.
4. McNeil, M. and Malena, C., eds. 2010. *Demanding Good Governance: Lessons from Social Accountability Initiatives in Africa*. The World Bank, Washington, DC.
5. Björkman, M., and J. Svensson. 2009. "Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda." *The Quarterly Journal of Economics*, 124(2):735–769.

Want To Learn More?

Govern4Health App

(Available on the Apple App Store and the Android Market)

This app is created to provide health leaders with basic information on the essential practices of good governance. The Govern4Health app aims to demystify health governance by providing practical actions for health leaders, managers, and people who govern. Unlike traditional methods of learning, the Govern4Health app provides a highly interactive way for users to learn about implementing good governance through different quizzes, discussion forums, and governing tips which can be accessed at any time. The app also offers evidence on why governance matters, along with a tool to assess gender responsiveness and tips on how to continually enhance governance.

LMG governance guides and handbooks

The guides contain best practices, tools and references, and resources for good governance. Training Facilitation Handbooks are designed to accompany the guides and are meant to be used by training facilitators to deliver the contents of the guides following a structured methodology. Separate handbooks are available for training governance leaders of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers. The LMG governance guides and handbooks are available at <http://www.lmgforhealth.org/expertise/governing>

Guides

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

Handbooks

1. Training Facilitation Handbook for the Ministry of Health Governance Leaders and Staff
2. Training Facilitation Handbook for Provincial Health Office Governance Leaders and Staff
3. Training Facilitation Handbook for District Health Office Governance Leaders and Staff
4. Training Facilitation Handbook for Hospital Governance Leaders and Staff
5. Training Facilitation Handbook for Health Center Governance Leaders and Staff

LeaderNet

LeaderNet is a virtual community of health professionals, managers, facilitators, and technical experts who are interested in improving the leadership, management and governance of health services and programs. LeaderNet offers multilingual online seminars, tools and resources on leadership, management and governance, and networking opportunities for health professionals around the world. You may join LeaderNet community of practice at [http://leadernet.msh.org/!](http://leadernet.msh.org/)

Governance guides and handbooks from other organizations

1. Healthy NHS Board
<http://www.leadershipacademy.nhs.uk/discover/the-healthy-nhs-board/>
2. Good Governance Institute <http://www.good-governance.org.uk/publications/>
3. Healthcare Quality Improvement Partnership
<http://www.hqip.org.uk/assets/Guidance/GGI-HQIP-Good-Governance-Handbook-Jan-2012.pdf>
4. Institute of Healthcare Improvement
<http://www.ihl.org/resources/Pages/Tools/HowtoGuideGovernanceLeadership.aspx>
5. Governance Center of Excellence <http://www.thegce.ca/Pages/default.aspx#5>
6. IPPF Code of Good Governance <http://www.ippf.org/resource/IPPF-Code-Good-Governance>
7. IPPF Governance Handbook
<http://www.ippf.org/resource/Welcome-Board-governance-handbook>
8. Center for Healthcare Governance
<http://www.americangovernance.com/americangovernance/resources/blueribbon.html>
<http://www.americangovernance.com/resources/reports/guide-to-good-governance/>
9. CDC Local Public Health Governance Performance Assessment
<http://www.cdc.gov/nphpsp/documents/final-governance-ms.pdf>
http://www.cdc.gov/nphpsp/documents/governance/07_110300-gov-booklet.pdf
10. WHO
http://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_Governance.pdf
11. MSH Pharmaceuticals and the Public Interest: The Importance of Good Governance
<https://www.msh.org/resources/pharmaceuticals-and-the-public-interest-the-importance-of-good-governance>
12. Effective Governance for Quality and Patient Safety in Canadian Healthcare Organizations
<http://www.patientsafetyinstitute.ca/English/research/PatientSafetyPartnershipProjects/governanceForQuality/Documents/Full%20Report.pdf>
13. Governance Guide for Primary Health Organizations
<http://www.nzdoctor.co.nz/media/265830/governanceguideforphosdraft07.pdf>
14. Good governance guide helping local governments govern better
<http://www.goodgovernanceguide.org.au/>
15. Good Governance Institute of Australia
<http://www.governanceinstitute.com.au/knowledge-resources/good-governance-guides/>

16. Good governance guide for public sector agencies
<http://www.publicsector.wa.gov.au/public-administration/public-sector-governance/good-governance-guide-public-sector-agencies>
17. Practical Guide to Collaborative Governance and Training Manual
http://www.policyconsensus.org/publications/practicalguide/collaborative_governance.html
18. ELDIS
http://www.eldis.org/go/topics/resource-guides/health-systems/governance-and-health#.U3mtp_YU-wl
19. DIY committee guide <http://www.diycommitteeguide.org/resource/governance-health-check>
20. National Association of Local Boards of Health <http://nalboh.org>
21. National Association of Public Hospitals and Health Systems www.naph.org
22. National Center for Healthcare Leadership <http://www.nchl.org/>
23. Great Boards <http://www.greatboards.org/>
24. BoardSource
<https://www.boardsource.org/eweb/DynamicPage.aspx?Site=bds2012&WebKey=6d3c3e6f-9d8c-441b-946c-f5a41d1e4b86>
25. UNDP Oslo Governance Center Assessing Governance to Achieve Health and Education Goals
http://www.undp.org/content/undp/en/home/librarypage/democratic-governance/oslo_governance_centre/assessing-governance-to-achieve-health-and-education-goals/

Continued governance education opportunities

Many continued governance education opportunities are currently available if you would like to continue learning. We have listed several such opportunities below.

1. e-Institute of the World Bank
 - a. *e-courses*
 - 1) Introduction to Social Accountability
 - 2) Social Accountability Tools for the Africa Region
 - 3) ICT for Social Accountability
 - 4) Gender Equality and Development
 - 5) Health Outcomes and the Poor
 - 6) Management in Health
 - 7) Results Based Financing in Health
 - 8) Strengthening the Essential Public Health Functions: Part I, II and III

Part I covers introductory module and basis and organization of health systems: (i) Health Situation Monitoring; (ii) Surveillance and Risk Control; (iii) Human Resource Development; (iv) Emergencies and Disasters.

Part II covers strategy and policy: (v) Policy Development; (vi) Regulation; (vii) Health Promotion; and (viii) Research.

Part III covers Track 3: Access and Quality: (ix) Quality of Services; (x) Equitable Access; (xi) Social Participation; and (xii) Inter-sectoral Action for Health.

b. Webinars

Introduction to Principles and Guidelines for Better Governance in Hospitals
<http://einstitute.worldbank.org/ei/webinar/themes/improving-governance-and-social-accountability-in-health-care-services-delivery>

Improving Health Service Delivery in Uganda: A Multistakeholder Approach
<http://einstitute.worldbank.org/ei/webinar/improving-health-service-delivery-uganda-multistakeholder-approach>

c. eCommunities

<http://einstitute.worldbank.org/ei/community>

An e-community is a web site where people and practitioners from around the globe who share common concerns get together to exchange ideas, experiences, resources, challenges and possible solutions, and tools on a specific subject. You will find several online learning communities at the above site. Governance and Health Systems (Electronic Network of Procurement Practitioners (eNePP)) and Governance (Voices against Corruption Youth Network) are two examples. You may join the communities of practice of your interest.

2. Online courses from other institutions

1) Maastricht University

<http://mgsog.merit.unu.edu/education/onlinecourses.php?cat=governance>

Governance is a complex concept which is often used but not always correctly understood. It is an elusive notion, defined and measured in various ways. Sometimes, the idea of governance is differently placed in practice or wrongly conceptualized theoretically. This course guides participants through key theoretical debates surrounding the concept of governance while at the same time presenting a range of empirical examples to illustrate how governance works in practice. The framework of the course comprises and tackles the following facets of governance: governance as an analytical term, governance and public administration, governance and globalization, governance as decision-making, (good) governance and international organizations. The target group of this course is oriented but not limited to students, policy practitioners, NGOs staff, civil and international servants.

The course is structured in 5 learning modules stretched across 10 weeks. The learning process will feature a series of online lectures, tutorial supervision, online movie screenings, and assignments. The design of the course is structured as such as to allow mobility in the work and schedule for every participant. Course fee is 250 – 400 euro.

2) Wisdom center

<http://www.wisdomnet.co.uk/courses/clinical-governance>

This short training course is for clinicians and health service managers. It provides a comprehensive introduction to clinical governance and risk management, and how they can be used to deliver excellence in clinical care. Training is delivered entirely online. You can start at any time and take as long as you wish to complete the training. Most participants prefer to study one topic a week (approximately two hours study time), spreading it over a ten-week period.

The course has been divided into 10 topics, covering the key elements of clinical governance and risk management, that include Finding and using evidence, EBP and guidelines, Patient and Public Involvement, Accountability, performance and underperformance, Risk management, Audit, effectiveness and coding, Patient safety and significant event audit, and Data security and Confidentiality.

3) UNESCO

Online Course on Governance of Decentralized Sanitation

<http://www.unesco-ihe.org/online-course-governance-decentralized-sanitation>

The overall objective of this course is to provide participants with an understanding of policy and management challenges with reference to peri-urban sanitation services.

4) The Governance Institute

<http://www.governanceinstitute.com.au/learning/short-courses-certificates/>

Governance Institute's Certificate courses provide knowledge and skills for those in a governance role who are responsible for the corporate accountability functions of an organization and who require a broad understanding of their governance responsibilities and the skills required to carry them out. This can be in a public or proprietary company, a not-for-profit, public sector or other organization.

5) Online Health Governance Development Program

<http://www.cha.ca/online-health-governance-development-program-to-launch/>

The Canadian Healthcare Association (CHA) has launched the Governance Development Program (GDP) – a distance learning program designed to support the training of health sector boards of directors. The GDP is a series of online courses aimed at developing and strengthening key health governance competencies. This series of courses focuses on essential governance skills and knowledge. CHA has another course in the series: Governing for Quality and Safety.



Engaging Stakeholders

for Health Systems Strengthening

Series of Guides for Enhanced Governance of the Health Sector and Health Institutions in Low- and Middle-Income Countries

June 2014



Funding was provided by the United States Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-11-00015. The contents are the responsibility of the Leadership, Management, and Governance Project and do not necessarily reflect the views of USAID or the United States Government.

Table of Contents

Acknowledgements	3
Introduction	4
Purpose and Audience for the Guides	5
Sincere Stakeholders Invitations	10
Sincere Engagement with Stakeholders	10
Build Trust	13
Engage with Patients	15
Engage with Doctors, Other Clinicians, and Health Workers	16
Collaborate with Other Sectors	19
Gender-Responsive Governance	20
Appendix: Stakeholder Engagement Tools	22
Identify Your Key Stakeholders	22
Illustrative List of Stakeholders of a Provincial Public Health Office	23
Process Flow of Stakeholder Engagement	24
Differentiate Crisis Management, Stakeholder Management, and Stakeholder Engagement	25
Key Questions: Sample 1	26
Key Questions: Sample 2	27
Engagement Planning Template	28
Stakeholder Engagement Checklist of Specific Actions	29
Stakeholder Engagement Indicators	32
References and Resources	33
Inclusion and Participation	33
Gender Responsiveness	33
Intersectoral Collaboration for Health	33

Acknowledgements

This work was funded by the United States Agency for International Development (USAID) through the Leadership, Management, and Governance (LMG) Project. The LMG Project team thanks the staff of the USAID Office of Population and Reproductive Health, in particular, the LMG Project Agreement Officer's Representative and her team for their constant encouragement and support.

The guides and accompanying handbooks on governance represent the collective effort and input of many experts in public health leadership, management, and governance. The LMG Project would like to acknowledge the individuals who have made these materials possible.

We would like to thank members of the LMG Project team for their dedication to the learning opportunity that these materials provide. Dr. Mahesh Shukla, Senior Technical Advisor on Governance, and Dr. James A. Rice, Project Director, have been instrumental in creating and shaping the guides and handbooks on governance. Ummuro Adano, Lourdes de la Peza, Stephanie Calves, and Sarah Johnson served as internal reviewers and their suggestions have been very useful. The support of Xavier Alterescu, Megan Kearns, Laura Lartigue, Jeremy Malhotra, Elizabeth Walsh, Dana Bos, and Alison Ellis has been critical to the completion of the materials.

LMG would also like to thank other colleagues at Management Sciences for Health (MSH), specifically Karen Chio and Sharon May, for their instructional design review and inputs. A special thanks to MSH Ethiopia for giving us an opportunity to pilot test the governance guides and handbooks and for providing essential feedback on their practical application.

The LMG Project team thanks the hundreds of leaders, managers, and people who govern the health sector and health institutions in low- and middle-income countries, who spent substantial time participating in our surveys and interviews in 2012. The five effective governing practices were identified based on insights they shared during these inquiries. Special thanks are extended to the three Provincial Public Health Coordination Committees and eleven District Health Coordination Committees in Afghanistan who pilot tested the five governing practices, and found that the health system governance and antenatal care visit rate in their provinces had improved as a result.

Finally, LMG would like to thank all of the individuals and organizations striving to improve health sector governance all over the world. We hope the governance guides and accompanying handbooks will serve as valuable resources for the continued support of good governance.

Introduction

Thank you for all that you do to improve the performance of your health system. Good governing practices not only enable you to achieve more significant results in your work but also more sustainable results. Governance in the context of health has come into sharper focus over the past decade. It is one of the essential factors in the pursuit of stronger health systems and greater health impact. There is an emerging body of evidence that shows that effective governance improves health outcomes. Conversely, poor governance overall, and especially in the health sector, contributes to poor health outcomes. It undermines the vitality of a health system, making it less effective, less efficient, less equitable, and less responsive to the people it is intended to serve.

Governance is a collective process of making decisions to ensure continuous vitality and performance of organizations or health systems. Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and ensuring that the strategic goals and objectives are accomplished. Governance for health is governance done with the objective of protecting and promoting the health of the people served by a public or private organization.

(Source: Management Sciences for Health, “How to Govern the Health Sector and Its Institutions Effectively,” *The eManager*, No. 1, 2013)

Studies, roundtable discussions, and fieldwork done by the Leadership, Management, and Governance (LMG) Project¹ funded by the US Agency for International Development defined five governing practices as essential to the effective functioning of governing bodies:

- Cultivating accountability
- Engaging stakeholders
- Setting a shared strategic direction
- Stewarding resources
- Assessing and enhancing governance

The LMG Project developed this series of guides and the accompanying training handbooks to help you operationalize each of the five governing practices in your organization. You will have an opportunity to use (1) guides that explain each of the five practices; (2) training handbooks that support and prepare you to apply the governing practices described in the guides, and (3) a series of reading materials, case studies, tools, and resources.

We hope you will find the materials and the training course based on them useful and, as a result of investing your time in the course, that you will be more comfortable, confident, and competent in your governing role. As governance leaders or members of governing bodies, using these guides you will be able to apply the five effective governing practices in your organization, and improve your governance performance and in turn, your organization’s performance. Training course based on these guides will make the learning of the five governing practices more effective and the course will enable you to develop and implement a governance enhancement plan for your organization. The course uses the five guides as required readings for the participants. We have also developed a separate training facilitator’s handbook to help the facilitators deliver the governance enhancement training in a structured way and with maximum effectiveness.

¹ The LMG Project is implemented by a consortium of six partner organizations: Management Sciences for Health, African Medical and Research Foundation, Medic Mobile, International Planned Parenthood Federation, Johns Hopkins University Bloomberg School of Public Health, and Yale University Global Health Leadership Institute. You may visit us at www.lmgforhealth.org.

Purpose and Audience for the Guides

The series consists of five guides on effective governance of the health sector and health institutions:

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

The primary users of these guides are the teams of leaders who govern and leaders who manage the health sector and health institutions in low- and middle-income countries. As senior health leaders, the guides are designed to help you implement the five essential governing practices in your organization. The contents of these guides are applicable to the public sector or government organizations and to not-for-profit or nongovernmental organizations (NGO) or civil society organizations. The guides are also applicable at all levels of the health system: national, provincial, district, or community level as well as at the institutional, organizational or health facility level. For example, the Minister or Permanent Secretary or Director of a department in the Ministry of Health and her/his senior leadership team will find the guides and the training course based on these guides useful. The Director or Head of a provincial health department or a district health office or a hospital or a health center and her/his colleagues in the governing body will likewise benefit. Using these materials, members of governing bodies that direct provincial health systems, district health systems, hospitals, and health centers in public and not-for-profit sectors will be able to adapt effective governing practices to their own settings, apply them, improve their governance and, in turn, the performance of their organizations.

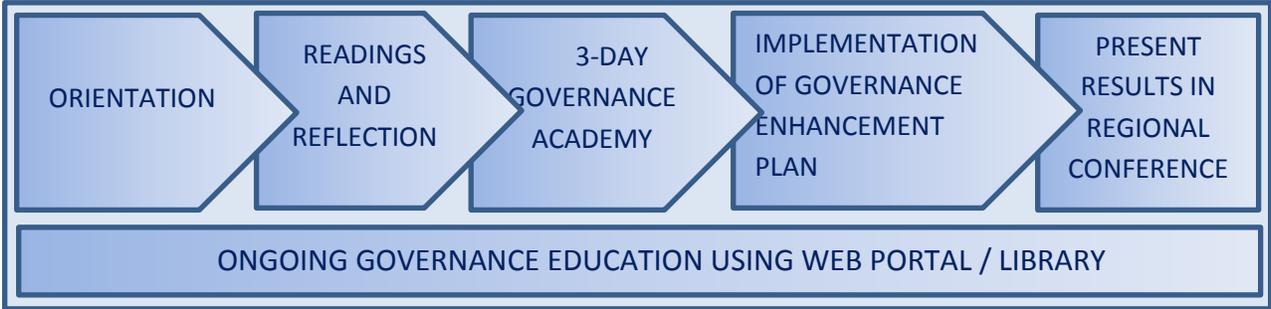
To facilitate the structured delivery of the content of the five guides, training handbooks have been developed to accompany the guides and to be used by the training facilitators. The handbooks are designed as the training facilitator's tool and the training facilitator's resource for your capacity building as governance leaders (leaders who govern) or management leaders who support good governing practices. Separate training handbooks have been developed for the training of the governance leaders or governing bodies of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers.

The guides can be used as a self-study resource by the governance leaders or governing bodies to learn the five governing practices and apply them. These are available at <http://www.lmgforhealth.org/expertise/governing>. You may start with taking some of the governance self-assessments that you will find in the appendices in the Guide for Continuous Governance Enhancement. This will help you assess your governing practices. You may then start with the guide for the governing practice where you feel you need to improve the most. Alternatively, you may start with the guide on cultivating accountability, and then move on to the guides on engaging stakeholders, setting shared strategic direction, stewarding resources, and continuous governance enhancement, in that order. The practices are inter-related, one builds on another. This sequence will allow you to benefit from this attribute of the practices. The learning and its application will be more effective if a structured training is organized using the training handbook relevant for your setting. The guides, handbooks, and other resource materials will support your capacity building as leaders who govern or leaders who manage, and leaders who are dedicated to strengthening the performance and results of health systems in low- and middle-income countries.

The learning continuum comprises a carefully designed learning experience consisting of: general orientation of new governing body members; readings, reflection, and collective self-assessment by the governing body; a three-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered; implementation of a governance enhancement plan and an action plan to improve selected measures of the organization's performance; and presentation of lessons learned and results in a regional

conference; all of this is supported by continuous governance education using the resources available on the LMG website <http://www.lmgforhealth.org/expertise/governing>.

Governance Learning Continuum



The three-day Governance Academy or governance workshop is at the heart of this learning plan. As described in the accompanying training handbooks, there are twelve sessions in the Governance Academy designed to help participants master the contents of the five guides. The sessions are practice-oriented and based on an experiential learning methodology. The handbooks describe specific trainer goals and learning objectives for each session. Course participants are expected to be teams of governance leaders and senior management leaders from similar settings. For example, participants could be senior governance and management leaders from several different hospitals. However, they should be from hospital settings only so that the focus is on applying the practices in a hospital setting. By the end of the course, the teams would have prepared a governance enhancement plan and an action plan to improve two to three strategic measures of their organization’s performance. When they go back to their organizations, senior governance and management leaders work together as a team to consistently apply the five essential governing practices, implement their plans and improve their organization’s governance and performance.

Governance enhancement plan comprises periodically assessing governing practices and continuously trying to improve these practices through regular governance assessments, governance orientation and education, building diversity in the governing body, cultivating essential governance competencies, conducting productive meetings, establishing governance policies, and using governance technologies like dashboard.

The primary purpose of enhancing governance is improving the organizational performance. For this reason, the governance leaders working with the senior management and key stakeholders develop an action plan to improve two to three strategic measures of the organization’s performance. This involves practical application of the governance capabilities of the governing body and also consistent application of the effective governing practices they learned in course of the governance enhancement education. When the governance leaders see their governance decisions translating into higher organizational performance, they are inclined to consistently apply the effective governing practices. A virtuous cycle is set into motion, improved governance leading to better organizational performance, which in turn motivates the governance leaders to continuously enhance their governance.

Governing Practice —Engaging Stakeholders

Inclusion and collaboration are two important principles that enable effective governance. Being inclusive involves engaging all relevant stakeholders—across gender, age, race and ethnic groups, socioeconomic status, health and disability status, and location—in the decision-making process. Collaboration involves building partnerships across ministries, sectors, and levels of authority. In addition to a Ministry of Health, many other actors in the public sector play a role in improving health in a country. For example, the ministries dealing with water and sanitation, education, finance, economic development, roads, and transportation are all involved in activities that impact health. Collaboration also involves working with private-for-profit and nonprofit groups and civil society organizations and NGOs. Finally, collaboration means working across all levels—local, state, national, and international. Collaboration, participation, inclusion—all are elements of engaging stakeholders.

Inclusion and participation are vital to the achievement of health equity, where all men and women—young and old—have opportunities to improve or maintain their health and wellbeing. For example, the non-representation of women and youth in decision making deeply affects their access to health care because barriers they face are not addressed. Similarly, the perspectives of people with disabilities, the elderly, and the very poor are not adequately represented in the governance decision-making process. Public concerns, needs, and values are able to influence decision making through participation.

Gender responsiveness in governance has the potential to enhance positive health outcomes, not only for women but also for the entire community. Women play three important roles in a health system: as decision makers, as health care providers, and as users of services. Nevertheless, governance structures in health systems and health institutions are often dominated by men. As a result, issues faced by women in leadership, governance, and senior management roles, in the health workforce, and as users of services are too often ignored. It is the responsibility of everyone working in the health system, especially of the leaders who govern, to make their institutions gender responsive.

To explore the good governing practice of engaging stakeholders, you will want to consider the principles and actions presented below:

GOVERNING PRACTICE — ENGAGING STAKEHOLDERS

Engage Stakeholders: Identify, engage, and collaborate with diverse stakeholders representing the full spectrum of interested parties

Principles
underlying the
practice

Participation

Representation

Inclusion

Diversity

Gender equity

Conflict resolution

Governing actions you can take:

- Empower marginalized voices, including women and youth, by giving them a meaningful place and a meaningful role in formal decision-making structures.
- Ensure appropriate participation of key stakeholders through fair voting and decision-making procedures.
- Extensively hold and enable open meetings, surveys, public comment, public workshops, national forums, and citizen advisory committees.
- Create and maintain a safe space for sharing ideas, so that genuine participation across diverse stakeholder groups is feasible.
- Provide an independent conflict resolution mechanism accessible by all stakeholders, as diverse stakeholders may have competing interests, giving rise to conflict.
- Elicit and respond to all forms of feedback in a timely manner.
- Build coalitions and networks, where feasible and necessary, and strive for consensus on achieving the shared direction across all levels of governance.
- Establish alliances for joint action at whole-of-government and whole-of-society levels.

Engaging Stakeholders

There are many reasons to engage with diverse stakeholders:

1. To get more and better insights to define current challenges more accurately.
2. Participation in problem definition improves the quality of solutions and the willingness of stakeholders to help define practical ways to implement the solutions.
3. Stakeholder participation to define solutions improves the willingness and ability of stakeholders to implement the solutions.
4. Engagement helps advance the awareness and ability of stakeholders to hold decision makers accountable for their decisions.
5. Engagement fosters ownership of the need and willingness to measure results.

To enable effective stakeholder engagement, those who govern wisely embrace a number of activities around the seven imperatives listed below. A variety of tools and resources to support these activities are provided in the Appendix of this guide.

1. Sincere stakeholder invitations
2. Sincere stakeholder engagement
3. Build trust
4. Engage with patients
5. Engage with doctors, other clinicians, and health workers
6. Collaborate with other sectors
7. Gender-responsive governance



In the following sections of the guide, “you” should be interpreted as you the leader who governs - working with your governing body and the senior management team.

Sincere Stakeholders Invitations

Those who govern need the ideas, insights, experiences, money, and political influence of many stakeholders. To secure these valuable resources from stakeholders, they must believe you have a real need for their participation, and they must believe your invitation to participate is significant and sincere. Engagement requires an invitation that is not only sincere, but extended with enough time for that engagement to be fully realized.

Sincere Engagement with Stakeholders

The governing body, working with management, has a responsibility to engage stakeholders. It is also the governing body's role to support management in engaging stakeholders. There are five ways of working with people in the community and with health workers. Begin by informing and consulting with them, and then involve them in the governance decision-making process, collaborate with them in finding solutions, and finally empower them.

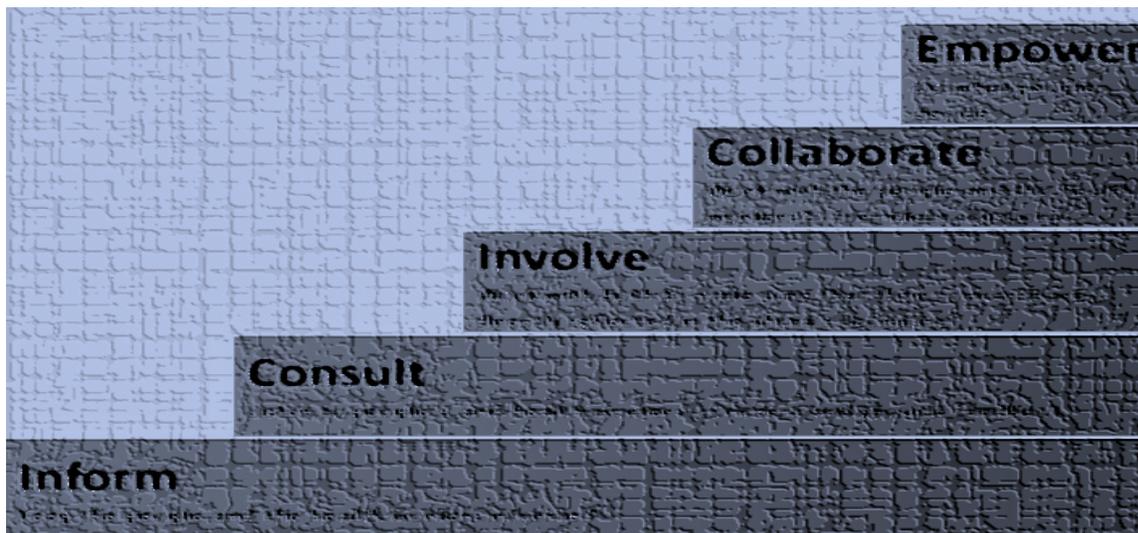


Figure 1: Five Ways of Engaging with Stakeholders

(Source: Adapted from International Association for Public Participation <http://www.iap2.org/>)

- I. Inform
Keep stakeholders, community members, and health workers informed, and educate them on your organization's governance policies.
- II. Consult
Listen to people's and health workers' concerns and provide feedback.
- III. Involve
Coordinate with stakeholders, community members, and health workers to make sure that their concerns are directly reflected in governance decisions.

IV. Collaborate

Work with the people and the health workers to formulate solutions.

V. Empower

Give decision-making in the hands of the people.

To effectively fulfill its responsibilities, the governing body should, in a significant and meaningful way as described above, engage with community representatives, health providers and health workers, and all relevant stakeholders—across gender, age, race and ethnic groups, socioeconomic status, health and disability status, and location—in the decision-making process.

Several considerations to enable sincere invitations and sincere engagement with diverse stakeholders in the governance of your organization are listed below. **Which are the five or six most important activities relevant to your situation?**

1. Be proactive. Go out into your community to obtain opinions and health concerns from community members and other stakeholders.
2. Provide the community representatives, health workers, and other diverse stakeholders with the information and time they need to participate in a meaningful way in your organization's decision making. Be open about access to information, and be willing to provide regular briefings and updates to stakeholders.
3. Avoid misunderstanding, miscommunication, and conflict. Provide an independent conflict resolution mechanism accessible to all stakeholders, because diverse stakeholders may have competing interests, giving rise to conflict.
4. Collect input from community representatives, health workers, and other stakeholders before making a decision.
5. Respect cultural practices when consulting with community members and other stakeholders.
6. Have courage, display humility, and establish trust. Allow time to build trust.
7. Empower marginalized voices, including women and youth, by giving them a meaningful place and a meaningful role in formal decision-making structures.
8. Ensure appropriate participation of key stakeholders through fair voting and decision-making procedures.
9. Extensively conduct open meetings, surveys, public comment processes, public workshops, public forums, and citizen advisory committees.
10. Create and maintain a safe space for sharing ideas, so that genuine participation across diverse stakeholder groups is feasible.
11. Be flexible. Be prepared to change the way in which stakeholder dialogue is conducted with different stakeholders.
12. Devote adequate time and resources to the process.
13. Have realistic expectations about what the process of engagement is going to achieve. Demonstrate clarity of purpose. Have internal understanding with regard to the stakeholder engagement strategy and direction.
14. Involve stakeholders in the planning of the process. Ask stakeholders to play a role in developing the agenda.
15. Assign the best people, who have the patience, and who will listen carefully.
16. Be prepared to make real changes as a result of stakeholder dialogue.
17. Engage key stakeholders, which may include "difficult" stakeholders.
18. Acquire individual and organizational skills for communication and engagement with stakeholders.

19. Elicit, and respond to, all forms of feedback in a timely manner.
20. Build coalitions and networks, where feasible and necessary, and strive for consensus on achieving the shared direction across all levels of governance. Establish alliances for joint action at whole-of-government and whole-of-society levels.
21. Build partnerships across ministries. In addition to a Ministry of Health, many other ministries play a role in improving people’s health. For example, the ministries dealing with water and sanitation, education, finance, economic development, roads, and transportation have responsibilities and activities that impact health. Identify a health issue that is influenced by policies in different sectors, and work to raise its visibility on the agenda of a decision-making body outside of the health sector.
22. Build partnerships across sectors. Work with private-for-profit and nonprofit groups and civil society and NGOs.
23. Build partnerships across different levels of authority. Work with different levels—local, state, national, and international.
24. Bring together the key players, adopt a collaborative approach for addressing the issue, and adopt a collaborative process that negotiates different interests. At the end of the process, draft and sign an agreement establishing accountabilities.

For each of the top five or six activities you selected, please answer these questions:

- 1. What are the obstacles leaders who govern or governing bodies are likely to experience in this practice or activity?**
- 2. How might those obstacles best be removed or reduced by the governing body?**
- 3. What are practical ways to help ensure the successful accomplishment of this activity?**

Build Trust

Trust among stakeholders in governance decision-making processes is an essential but fragile commodity. Trust must be earned, is easily lost, and is difficult to regain. Those who govern must first be trustworthy, and then be prepared to risk extending trust to others.

Facilitate the establishment of trust in three relationships:

1. Trust between health providers and health workers, management, and the governing body.
2. Trust between the communities / people and your organization.
3. Trust between health providers and health workers and the community.

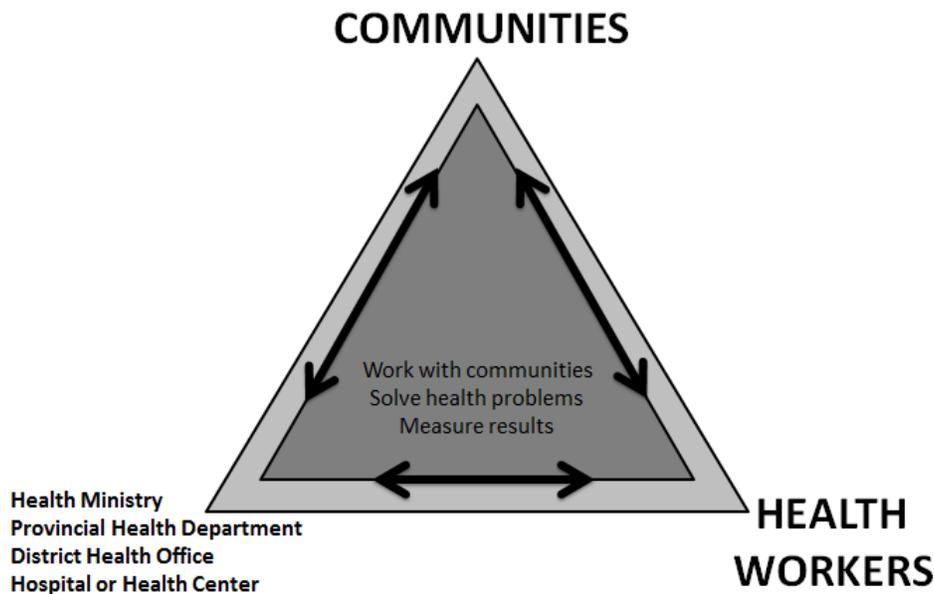


Figure 2: Building Trust

Of the ways to establish and nurture trust listed below, which are the two or three activities that are most important in your situation?

Begin with yourself.

1. Tell the truth, even if it is difficult.
2. Do what is right, sometimes even at personal risk.
3. Maintain consistency in what you say and how you act. Practice what you preach.
4. Do not seek personal gain.
5. Keep promises and commitments. Make your promises and commitments carefully. Make commitments to yourself and keep them.
6. Hold yourself accountable before holding others accountable.
7. Take responsibility for the results. Take responsibility for the decisions that go wrong. Admit your mistakes and explain how you made a decision. Learn from your mistakes.

8. Be a patient listener. Listen to your colleagues, and listen to the stakeholders, health workers, and community members.
9. Be open-minded and consider ideas and points of view different from your own.
10. Be a learner. Seek feedback from your colleagues, and from health workers, community members, and other stakeholders. Establish mechanisms for seeking this feedback on a regular basis. Act on the feedback you receive from them. Broaden your knowledge and skills in public health.

Then, extend trust to health workers, community members, and stakeholders.

1. Treat health workers, community members, and other ministries and sectors as equal partners in achieving the vision of a healthier community. Seek opinions and ideas from them.
2. Sincerely trust in health workers, community members, and other stakeholders.
3. Respect the health workers, community members, and other stakeholders, and show your respect through words and actions.
4. Make your expectations from health workers and the community very clear to them.
5. Recognize the good work of the health workers and contributions of community members and other stakeholders. Give them appropriate credit.
6. Do not withhold information. Be transparent.
7. Do not avoid difficult issues. Deal with them with courage before they turn into major problems.
8. Be just and fair in your decisions. Treat health workers, community members, and other stakeholders in a fair and just manner.
9. Have a strong sense of purpose. Involve health workers, community members, and other stakeholders so that they share and support your purpose.
10. Create a culture in which tolerance and cooperation are valued. Have diverse stakeholders participate in making decisions.

(Source: Adapted from Covey, Stephen MR. *The Speed of Trust: The one thing that changes everything*. Simon and Schuster, 2006.)

For each of the two or three most important activities you selected, answer the following three questions:

- 1. What are the obstacles leaders who govern or the governing bodies are likely to experience implementing this activity?**
- 2. How might those obstacles best be removed or reduced by the governing body?**
- 3. What are two or three practical ways to help ensure the successful accomplishment of this activity?**

Engage with Patients

The end goal of good governance is a health system that serves the health needs of patients and their families and communities. Leaders who govern wisely and well understand the health needs of the people they exist to serve.

- 1. What are the obstacles leaders who govern or the governing bodies are likely to experience engaging with patients and health service users?**
- 2. How might those obstacles best be removed or reduced by the governing body?**
- 3. What are two or three practical ways to help ensure the successful accomplishment of this activity?**

Patient engagement and patient satisfaction reinforce each other. Studies in a range of different health care settings have identified several factors that are critical to assuring quality of care and patient satisfaction with care.

- Strong committed senior leadership
- Communication of strategic vision
- Engagement with patients and families
- Sustained focus on employee satisfaction
- Regular measurement and feedback reporting
- Adequate resourcing for care delivery design
- Building staff capacity to support patient-centred care
- Accountability and incentives
- Culture strongly supportive of change and learning

Of these many factors above to enhance the quality of care and patient satisfaction, which are the two or three most important to you as a governing body or a leader who governs? What practical steps will your governing body take on these two or three most important determinants of health care quality and patient satisfaction?

Engage with Doctors, Other Clinicians, and Health Workers

Good governance acknowledges the value and power of engaging and focusing the talent, ideas, experiences, and energy of health providers and health workers in the planning and implementation of an organization's health services. This essential participation, however, needs to be sincerely requested, listened to, and acted upon.

Motivation is key to the success of health workers as well as the health institutions. Health workers can give their best if they are motivated. Which two or three of the following strategies and activities are the most important to build ownership and motivation for engagement of health workers in the governance of your organization?

1. Constantly communicate your vision and goals. Focus your stakeholders and health workers on the end result or the overall team goal.
2. Spell out specific targets, goals, and expectations for behavior and performance, and measure performance. Identify obstacles and help in removing them.
3. Ensure regular and timely feedback is given to health workers on how they are performing against the goals. Ensure this feedback is given in a direct and supportive manner. Feedback is vital to continuous improvement. It motivates and inspires people to use their full potential.
4. Ensure a safe environment is provided to the health workers to do their jobs.
5. Let your health workers know you are willing to listen to them. This will increase their morale. Be an active listener. Make sure your managers listen to their goals and dreams, their past achievement, their concerns, and their challenges, and respect their thoughts and opinions. They may have the best answer for achieving the results you are trying to achieve.
6. Make sure their questions, concerns and complaints are answered.
7. Involve health workers in decision making.
8. Encourage them to undergo training, acquire new skills and grow in their careers.
9. Make sure good work done by the health workers is recognized. Praise them publicly. Praise them four times as much as you criticize their performance. If you need to criticize constructively, do it in a private manner.
10. Reward a health worker as soon as he or she performs excellently and gives excellent results. When rewarding a health worker, consider his or her need for career growth and career advancement, and reward accordingly. Give health workers autonomy to achieve their targets, facilitate their mastery of their jobs, and inspire them to accomplish better health outcomes.

For the two or three most important strategies and activities you selected to motivate health workers to be engaged in governing your organization, please answer the following three questions:

- 1. What are the obstacles leaders who govern are likely to experience implementing this strategy or activity?**
- 2. How might those obstacles best be removed or reduced by the governing body?**
- 3. What are two or three practical ways to help ensure the successful accomplishment of this strategy or activity?**

Engaging with Doctors and Other Clinicians

The Institute for Healthcare Improvement² in the United States has developed a framework for how organizations can improve engagement with clinical leaders. Key elements include:

- Discovering common purpose, such as improving outcomes and efficiency.
- Making doctors partners in the organization, and promoting individual responsibility for quality.
- Identifying and encouraging champions, educating leaders, and developing project management skills.
- Using improvement methods, such as performance data, in a way that encourages buy-in rather than resistance.
- Making it easy for doctors to do the right thing for patients.
- Supporting doctors and clinical leaders to take positions on the governing body.
- Involving doctors from the beginning—working with leaders, choosing messages carefully, making doctor involvement visible, communicating candidly and often, and valuing doctors' time by giving management time to them.

McLeod Regional Medical Center in South Carolina used engagement with clinical leaders to secure major quality advances without any significant financial incentives. Their techniques for engaging doctors included:

- Asking doctors to lead improvement
- Asking doctors what they want to work on
- Making it easy for doctors to lead and participate not wasting their time
- Recognizing doctors who lead, including the opportunity to present to the governing body
- Supporting medical leaders when they are obstructed by difficult colleagues
- Providing learning and professional development opportunities

Of these many factors above to enhance the clinician engagement, which are the two or three most important to you as a governing body or a leader who governs? What practical steps will your governing body take on these two or three most important determinants of clinician engagement?

² Reinertsen JL, Gosfield AG, Rupp W, Whittington JW. *Engaging Physicians in a Shared Quality Agenda*. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2007.

Why engage with staff and health workers?

The business case for staff engagement is compelling: organizations with engaged staff deliver better patient experiences, fewer errors, lower infection and mortality rates, stronger financial management, higher staff morale and motivation, and less absenteeism and stress. Patient engagement can deliver more appropriate care and improved outcomes.

What are the values on which engagement rests?

Both staff and patient engagement are grounded in values of openness, collaboration, seeing the world through the eyes of others, and listening to and supporting each individual employee or each individual patient. Engagement needs to be seen through the lens of the person who is being engaged. How they feel and what their experiences are is important to understand.

How do you encourage staff to engage?

You can encourage staff engagement in many different ways. For example:

- Give staff autonomy.
- Enable them to use a wide range of skills.
- Ensure that jobs are satisfying.
- Give staff support, recognition and encouragement.
- Nurture optimism and self-belief.

Engagement is fostered through staff having jobs with meaningful, clear tasks, some autonomy to manage their work, involvement in decision making, and supportive line managers.

When do you say staff is engaged?

It is when your organization values the employee and the employee values the organization. The employees feel respected, listened to, and empowered, and are able to influence and improve care. They have information, skills, confidence, and control over how they do their work. They are part of a well-structured team in an organization that is focused on quality and celebrates success. In short, engaged staff feel valued, respected and supported. It is often described in psychological terms, for example, staff feeling energetic, determined, enthusiastic, and even inspired. They are engrossed in their work and take pride in what they do.

How do you measure employee engagement?

It is measured using three dimensions.

1. Psychological engagement is judged by three questions: "I look forward to going to work," "I am enthusiastic about my job," and "time passes quickly."
2. Advocacy is measured by whether an employee would recommend their organization as a place to work and to receive health care.
3. Involvement is gauged by three questions: "I am able to make suggestions to improve the work of my team," "there are frequent opportunities for me to show initiative," and "I am able to make improvements happen."

How are staff appraisal and staff engagement interrelated?

There is a strong link between appraisal and engagement. Employees who have a well-structured appraisal are likely to have far higher engagement than those who did not. Poorly structured appraisals leave staff feeling worse than if they had not had one.

(Source: Adapted from The King's Fund. 2012. Leadership and Engagement for Improvement in the National Health Service. London, U.K.)

Collaborate with Other Sectors

Health gains and improvements in health service delivery result from the influence of many factors outside the control of the health sector. Health has many determinants, such as food, water, education, housing, poverty, crime, and pollution. Effective governance seeks to engage with policy makers and leaders from other sectors to make and implement good policies and programs for better health and health services.

In your situation, which two or three of the actions listed below are the most valuable to strengthen intersectoral collaboration of your organization or your health system?

1. Establish intersectoral governance structures, for example, committees and secretariats convening across sectors or ministries.
2. Establish intersectoral committees in legislative bodies, for example, in parliament, state legislatures, and local councils.
3. Establish intersectoral committees at the civil service level, for example, inter-ministerial committees and task forces.
4. Establish funding arrangements to support actions taken across many different sectors to attain health objectives. Mobilize special funds to finance intersectoral action or joint programs for health.
5. Use formal structures and formal processes for engagement beyond government, for example, with the public, other stakeholders, and industry.
6. Obtain a government mandate for aligning different sectors to adopt a “health in all policies” approach.
7. Develop multisectoral agreements on desired health goals and outcomes.
8. Initiate and sustain a coordinated inter-ministerial and intersectoral advocacy and action on the social determinants of health.
9. Implement multisectoral policies on the social and environmental determinants of health, and monitor, measure, and evaluate progress on social determinants of health.
10. Make a commitment to partnership building across sectors at the local level by establishing committees, and regular sharing of information.

(Source: Adapted from McQueen, David V., M. Wismar, V. Lin, C. M. Jones, and M. Davies. 2012. *Intersectoral Governance for Health in all Policies. Structures, actions and experiences*. World Health Organization.)

Leaders who perform well engaging across sectors tend to:

- Go out of their way to make new connections.
- Have an open, inquiring mind, unconstrained by current horizons.
- Embrace uncertainty and be positive about change.
- Draw on as many perspectives as possible.
- Ensure leadership and decision making are distributed throughout the system.
- Promote the importance of values.
- Invest energy and time in building relationships.

For the two or three most important activities you selected, answer the following three questions:

1. What are the obstacles leaders who govern are likely to experience implementing this activity?
2. How might those obstacles best be removed or reduced by the governing body?
3. What are two or three practical ways to help ensure the successful accomplishment of this activity?

Gender-Responsive Governance

Gender issues are too often ignored or inadequately considered by those who govern. Women and other marginalized populations are often the most in need of services that protect, promote, and nurture their health. Women are also central decision makers about the health of families and communities. Women perform the majority of front-line health care service delivery activities. Governance as well as leadership and management must be gender-sensitive, informed, and inclusive. Effective governance will have a significant proportion of female participants on governing bodies, council, committees, and task forces.

There are many ways to enhance gender dimensions and actions in your governance processes. **Of those listed below, which two or three are the most important in your situation?**

1. Increase the number of women in leadership, governance, and senior management roles.
2. Mentor women in leadership, governance, and senior management roles,
3. Increase the number of female health workers.
4. Establish quotas and affirmative action coupled with empowerment measures.
5. Reinforce a safe, harassment-free work environment by upholding strict codes of conduct and zero tolerance for discrimination.
6. Institute a gender policy in the organization.
7. Establish a gender-sensitive implementation process that considers the different needs of men and women.
8. Collect sex-disaggregated data and define sex-disaggregated outcomes.
9. Create a comprehensive agenda to overcome discrimination and segregation.
10. Give voice to women and youth in making and implementing policies that affect them.
11. Begin with yourself and build a commitment to gender equality in your organization. Demonstrate an understanding of different needs of men and women and think how your decisions will address these different needs.
12. Build a reputation for gender equality and communicate your gender-related achievements.
13. Identify specific actions and tools to engage with women.
14. Explain how your decisions will directly or indirectly affect the status of women in their families or their communities.

15. Seek advice from women’s organizations, women leaders, and gender experts. Keep in mind that women are not a homogenous group. Ensure representation of different perspectives across socioeconomic and other groups.
16. Engage with men on women’s health issues.
17. Seek support from the local community on women’s health issues and women’s leadership issues.
18. Get the full picture. Consulting primarily with men provides only half of the picture. Seek out the views of women to get a more complete picture of potential risks, impacts, and opportunities.
19. Sometimes women are more comfortable talking to other women. Consultation team should have female members in such a case. Get more women in the room. Make meetings more accessible and convenient for women. Use active facilitation for getting women’s input. Hold separate meetings, when necessary.
20. Raise priority issues for women. Active intervention may be required to identify issues that are important to women and to make sure they are given adequate consideration.

For the two or three most important activities you selected, answer the following three questions:

- 1. What are the obstacles leaders who govern are likely to experience in implementing this activity?**
- 2. How might those obstacles best be removed or reduced by the governing body?**
- 3. What are two or three practical ways to help ensure the successful accomplishment of this activity?**

Appendix: Stakeholder Engagement Tools

Identify Your Key Stakeholders

Instructions: List your key stakeholders on the left-hand side of the form and then tick which box relates to the stakeholder. If the stakeholder has several ticks, you can then identify them as central to your process.

Stakeholder	Responsibility	Influence	Proximity	Dependency	Representation	Policy and strategic intent
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						

(Source: Adapted from the Australian Government Department of Immigration and Citizenship’s Stakeholder Engagement Practitioner Handbook 2008)

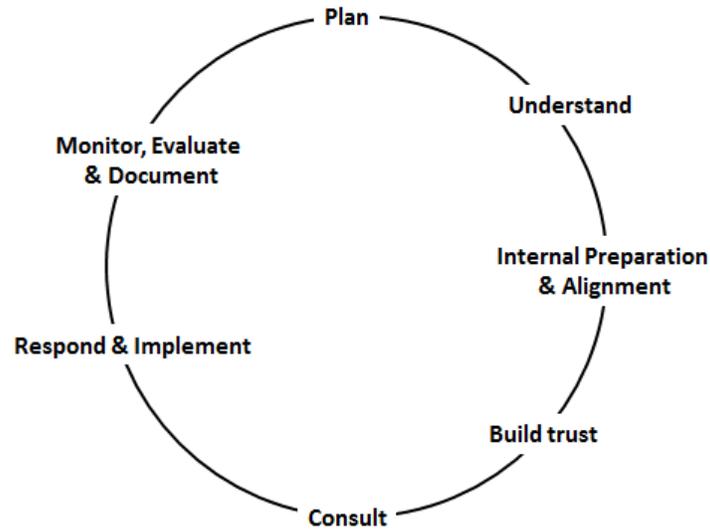
Criteria

1. Responsibility: Stakeholder to whom you have a responsibility.
2. Influence: Stakeholder with influence or decision-making power.
3. Proximity: Stakeholder with whom you interact most, including an internal stakeholder, those with long-standing relationships, and those on whom you depend for day-to-day operations.
4. Dependency: Stakeholder who is directly or indirectly dependent on your activities.
5. Representation: Stakeholder who by regulation or custom or culture can legitimately claim to represent a constituency, especially clients or health service users.
6. Policy and strategic intent: Stakeholder whom you directly or indirectly address through policy or practice.

Illustrative List of Stakeholders of a Provincial Public Health Office

1. Patients and health service users
2. The communities and the populations in the province (men/women/youth/children)
3. Health post community councils, health facility community councils, hospital community boards
4. District health coordination committees
5. Municipalities
6. Provincial Council
7. Provincial and District Governors
8. Ministry of Public Health
9. Provincial directorates of different ministries that impact health (water and sanitation, food and agriculture, environment, women's affairs, social protection, economy, transport, environment, education, rural development, counter narcotics, information, electricity, etc.)
10. Health workers, physicians, nurses, and other health providers in the public sector
11. Private health sector (hospitals, doctors, nurses, midwives, pharmacists, etc.), their professional associations and unions, and accreditation boards and councils
12. Implementing NGOs and their staff providing basic and essential package of hospital services
13. Media
14. National and international NGOs
15. Other civil society organizations, including religious organizations
16. Donors and other sources of funding

Process Flow of Stakeholder Engagement



<p>1</p> <p>Think strategically</p> <p>Map stakeholders Identify issues Set strategic objectives for engagement Prioritize stakeholders and issues</p>	<p>2</p> <p>Analyze and plan</p> <p>Review progress Learn from others Identify potential partners Assess your current engagements Draft stakeholder specific objectives Understand and learn about stakeholders and their representatives Check for resource commitments Create an issue-focused plan for engagement</p>
<p>3</p> <p>Strengthen engagement capacities</p> <p>Strengthen your ability to respond Develop the internal skills and characteristics needed for engagement Consider your stakeholders' requirements for engagement</p>	<p>4</p> <p>Design process and engage</p> <p>Identify the most effective engagement methods Design the engagement process</p>
<p>5</p> <p>Act, review and report</p> <p>Create a plan for action Report back and give assurance to your stakeholders Review the engagement process</p>	

(Source: Table adapted from Krick, Thomas, Maya Forstater, Philip Monaghan, and Maria Sillanpää. 2005. *The Stakeholder Engagement Manual Volume 2. The Practitioners Handbook on Stakeholder Engagement*. AccountAbility, United Nations Environment Programme, and Stakeholder Research Associates.)

Differentiate Crisis Management, Stakeholder Management, and Stakeholder Engagement

Crisis Management	Stakeholder Management	Stakeholder Engagement
Reactive	Proactive	Interactive
Vulnerable	Anticipate	Encourage
Episodic	Regular	Inclusive
Hostile	Defensive	Prepared to change

(Source: Jeffery, N. 2009. *Stakeholder Engagement: A Road Map to Meaningful Engagement*. Doughty Centre for Corporate Responsibility, Cranfield School of Management.)

Key Questions: Sample 1

The following are key questions to be answered before the stakeholder engagement plan is developed. A stakeholder engagement plan should link to your organization's overall objectives. This will help the governing body plan the engagement required to support the achievement of these objectives.

Organizational objectives				
Who are the stakeholders (internal and external)?	A	B	C	D
What are the objectives of the engagement?				
What are the issues associated with the engagement?				
What are the opportunities of engaging?				
What are the risks of engaging?				
What are the risks of not engaging?				
What are the methods of engagement? (Phone / email / face-to-face forums, etc.)				
How will you know if you are successful?				
How will you build on lessons learned for next time?				

(Source: Adapted from the Australian Government Department of Immigration and Citizenship's Stakeholder Engagement Practitioner Handbook 2008)

Key Questions: Sample 2

You can use this alternative checklist to make sure that you have answered all relevant questions.

1. Clarify your engagement objective

- a. Why do you need to engage?
- b. What would successful engagement look like?

2. Identify your stakeholders

- a. Who makes the decisions?
- b. Who can influence decisions?
- c. Who are your partners?
- d. Who owns related activities?
- e. Who will be impacted by outcomes?
- f. Who are the beneficiaries?
- g. Who can slow or stop the activity?
- h. Who can make the activity more effective?
- i. Who can contribute resources?
- j. Who may be excluded from participating?

3. Analyze your stakeholders and select your level of engagement

- a. Are you promising to keep them informed of progress?
- b. Are you promising to listen to their ideas?
- c. Are you promising to work with your stakeholders to find solutions?

4. Select your activities and decide on your message

- a. When will you engage and what will your stakeholders contribute?
 - i. What are you aiming to achieve at each stage?
 - ii. What is your deliverable at this stage?
 - iii. Are you engaging with stakeholders to generate ideas?
 - iv. Are you engaging with community organizations to seek feedback on options?
 - v. Are you asking a group to make recommendations?
 - vi. Are you engaging with your partners to make a decision?
- b. Select appropriate engagement activities
 - i. What timeframe do you have for the activity?
 - ii. What budget do you have?
 - iii. Do you, or others on your governing body, have the skills to facilitate engagement activities?
 - iv. Are there experts in your organization or your partner organizations who can assist you?
- c. Think about your communication message
 - i. Why are you engaging your stakeholders?
 - ii. What benefits will your stakeholders gain from engagement?
 - iii. How will their input be used?

5. Consider any engagement risks

6. Review your plan and celebrate successes

- a. What has worked well? What has been challenging?
- b. What has been learned?
- c. What has been achieved?
- d. What could have been done differently?

7. Evaluate your engagement strategy

(Source: State Government of Victoria. 2009. *A guide to planning your community and stakeholder engagement strategy*. Melbourne, Victoria.)

Engagement Planning Template

This template will help you prepare a stakeholder engagement plan.

Overview			
Subject of engagement and its scope			
Strategic objectives and intended outcomes			
Engagement methods			
Targeted stakeholder groups and representatives			
Practical Plan			
	Activities & Resources	Responsibility	Timeframe
Preparation			
Invitation /publicity			
Pre-information			
Logistics			
Venue, timing			
Transport, food, lodging etc.			
Equipment, etc.			
Participant reimbursement			
Process to meet desired outcomes			
Agenda for the event			
Ground rules and terms of reference			
On the day roles and facilitation			
Record keeping			
Feedback to participants			
Wider communication of results			
Signals of success (expected outputs and outcomes)			
Participant feedback method			
Risk assessment			
Risks			
Contingency plan			

(Source: Adapted from Krick, Thomas, Maya Forstater, Philip Monaghan, and Maria Sillanpää. 2005. *The Stakeholder Engagement Manual Volume 2. The Practitioners Handbook on Stakeholder Engagement*. AccountAbility, United Nations Environment Programme, and Stakeholder Research Associates.)

Stakeholder Engagement Checklist of Specific Actions

This is a checklist you may use to make sure that you have taken all the actions.

Instructions: Place a tick in one of the right-hand columns to indicate whether you have taken all appropriate actions in engaging with stakeholders.

***N/A stands for not applicable.**

Stakeholder communication				
Open and effective engagement involves both listening and talking				
Two-way communication				
(Who do you need to talk and listen to?)				
		No	Yes	N/A*
1.	Clearly define lines of communication.			
2.	Maximize community and stakeholder opportunities to say what they want and to provide information and feedback.			
3.	Ensure your organization's representatives take part in consultation and are accessible to communities and stakeholders.			
4.	Demonstrate active listening by responding to the issues of each community and stakeholder group and being sensitive to their concerns.			
5.	Determine and use the right channels of communication to ensure the method of communication is appropriate to the relevant communities and stakeholders.			
6.	Identify appropriate individuals and representatives to ensure the right people are engaged and all stakeholder groups are genuinely represented.			
7.	Build and maintain honest working relationships through provision of accurate and timely information.			
Clear, accurate, and relevant information				
(What is communicated? What do key stakeholders want to know?)				
1.	Identify and assess all relevant social, environmental, and economic determinants of the health issue.			
2.	Provide information and analysis that is technically or scientifically sound and relevant.			
3.	Provide information in a form that is understandable by the target audience and in a way that genuinely helps people understand and make informed decisions.			
4.	Ensure access to information.			
5.	Ensure the information provided is delivered in a culturally appropriate manner.			
6.	Provide opportunities for communities and stakeholders to ask questions, to seek clarification of information provided, and to contribute their own experiences and information.			
Timeliness				
(When do we communicate?)				
1.	Seek community and stakeholder views as early in the planning stage as possible.			
2.	Recognize the need to build relationships, capacity, and knowledge before making decisions.			
3.	Allow enough time for community and stakeholder issues to be raised and addressed, and for stakeholders to review and respond to information.			

4.	Establish clear and realistic timeframes for community and stakeholder input.			
5.	Maintain continuous engagement from the planning stage through to implementation, operation, and finally through to evaluation.			
6.	Ensure timing is convenient to allow adequate community and stakeholder representation.			
7.	Provide information within appropriate timeframes and contexts and identify the reporting period.			
8.	Make any critical deadlines and timeframes clear to communities and stakeholders. Recognize, respect, and accommodate changes to timeframes, where necessary.			
Transparency Clear and agreed information and feedback processes (How is information about the engagement process communicated?)				
1.	Clearly identify your health objectives.			
2.	Clearly articulate the preferred outcomes of the engagement process.			
3.	Identify the objectives of the community and stakeholders.			
4.	Clearly explain or negotiate the decision-making processes and ensure that communities and stakeholders understand your objectives.			
5.	Clearly outline and negotiate the boundaries of the engagement process, commitment of resources, and level of influence of the various parties involved in the process.			
6.	Clearly set out the process and provisions for two-way feedback.			
7.	Reinforce the expected outcomes throughout the process.			
8.	Report openly the input from all communities and stakeholders and include feedback on their input.			
Reporting (What is documented?)				
1.	Document decisions and outcomes of meetings with communities and stakeholders.			
2.	Report appropriate information on the consultation through an agreed process.			

Collaboration Working cooperatively to seek mutually beneficial outcomes				
How capable are stakeholders and community groups of participating in the process? Where can help be found to support community groups in this process?				
		No	Yes	N/A*
1.	Recognize that adequate time and resources are needed by stakeholders, communities, and you to effectively engage.			
2.	Work in cooperation.			
3.	Comprehensively deal with the issues and seek stakeholder input into responses.			
4.	Consider independent mediation processes to deal with disagreements and disputes.			

Inclusiveness				
Recognize, understand, and involve communities and stakeholders early and throughout the process				
What are the cultural characteristics of communities and stakeholders? Do they have the ability, experience and access to support or deal with this process?				
		No	Yes	N/A*
1.	Identify the relevant communities and stakeholders, recognizing they may change over time.			
2.	Identify and, where possible, understand community and stakeholder issues, interests, aspirations, and concerns to better define what matters most to the community.			
3.	Facilitate community and stakeholder engagement.			
4.	Acknowledge and respect the diversity of communities and stakeholders.			
5.	Respect the culture and heritage of local communities, including the indigenous populations of the area.			
6.	Accept the different agendas of different communities and stakeholders and ensure that dominant groups are not the only voices heard.			
7.	Ensure there are appropriate systems, with minorities and other marginalized groups having equitable and culturally appropriate ways to engage, so groups that may be under-represented or hard to reach take part.			
8.	Acknowledge that it may not be feasible to involve the entire community.			
9.	Prepare a consultation plan and tailor engagement strategies to meet the needs of community and stakeholder groups, their accessibility, and information needs.			

Integrity				
Conduct engagement in a manner that fosters mutual respect and trust				
What is the ability to build credibility and confidence?				
		No	Yes	N/A*
1.	Agree on the ground rules for the process and obey them. Explain what the process is trying to achieve.			
2.	Be open about the nature of the engagement process and make it clear from the beginning what decisions are outside the scope of the process.			
3.	Clearly articulate what is negotiable and what is not negotiable in the engagement process, and give reasons for decisions.			
4.	Ensure realistic expectations are set and agreed to early in the process.			
5.	Take responsibility for your actions and live up to promises.			
6.	Report often on progress , accurately and promptly.			
7.	Acknowledge and respond to stakeholder concerns.			
8.	Treat people fairly and without discrimination.			
9.	Respect legal, ethical, and human rights.			
10.	Be honest, even when the outcome is not in your favor.			

(Source: Adapted from the Australian Government Department of Immigration and Citizenship's Stakeholder Engagement Practitioner Handbook 2008)

Stakeholder Engagement Indicators

The following are examples of possible performance indicators that could be used to measure the effectiveness of your stakeholder engagement.

	Description	Measure of success
1.	Enhanced community confidence	Majority of difficult/significant issues identified and addressed before they impact on confidence.
2.	Improved resolution of emerging issues	Issues identified and strategies in place prior to their escalation.
3.	Positive client feedback or no negative client feedback	Number of appreciation letters or complaints.
4.	Simplified conflict resolution	No significant conflicts exist with key stakeholders that are not being addressed.
5.	Increased organizational effectiveness	Indicators of organizational or health system performance.
6.	No instances of systemic “poor” practice reported by stakeholders that are not being addressed	Percentage of specific practice suggestions made by key stakeholders that have been adopted.
7.	Enhanced two-way communication	Staff and external stakeholder satisfaction with quality of two-way dialogue.
8.	Resources mobilized	Estimate of resources realized by effective engagement.
9.	Bridge cultural gaps	Ongoing relationships with specified cultural groups.
10.	A culture of innovation and learning in policy and practice by incorporation of stakeholder perspective	Stakeholder perspective formally considered in making of policy and practice plans.

(Source: Adapted from the Australian Government Department of Immigration and Citizenship’s Stakeholder Engagement Practitioner Handbook 2008)

References and Resources

Inclusion and Participation

1. International Association for Public Participation (IAP2). 2006. *IAP2's Public Participation Toolbox*. Thornton, CO IAP2: Available at http://iap2.affiniscape.com/associations/4748/files/06Dec_Toolbox.pdf (accessed February 2013).
2. UK Department for Constitutional Affairs (DCA). 2007. *Making a Difference: A Guide to Evaluating Public Participation in Central Government*. London: DCA. Available at [http://www.sp.gov.tr/upload/Sayfa/47/files/Making_a_Differece - A guide to evaluating public participation in centralgovernment.pdf](http://www.sp.gov.tr/upload/Sayfa/47/files/Making_a_Differece_-_A_guide_to_evaluating_public_participation_in_centralgovernment.pdf) (accessed February 2013).
3. IBM Center for the Business of Government. 2012. *A Manager's Guide to Evaluating Citizen Participation*. IBM Center for the Business of Government: Washington, DC. Available at <http://unpan1.un.org/intradoc/groups/public/documents/UN-DPADM/UNPAN048340.pdf> (accessed February 2013).

Gender Responsiveness

1. Interagency Gender Working Group (IGWG). 2009. *A Manual for Integrating Gender into Reproductive Health and HIV Programs: From Commitment to Action* (2nd ed). Population Reference Bureau: Washington, DC. Available at http://www.igwg.org/igwg_media/manualintegrgendr09_eng.pdf (accessed February 2013).
2. United Nations Development Programme (UNDP) and United Nations Development Fund for Women (UNIFEM). 2009. *A User's Guide to Measuring Gender-Sensitive Basic Service Delivery*. UNDP: New York. Available at http://www.unifem.org/attachments/products/UsersGuide2MeasuringGenderSensitiveBasicDeliveryService_en.pdf (accessed February 2013).
3. IGWG. 2010. *Synchronizing Gender Strategies: A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations*. Population Reference Bureau: Washington, DC. Available at http://www.prb.org/igwg_media/synchronizing-gender-strategies.pdf (accessed February 2013).
4. IGWG. 2011. *A Summary Report of New Evidence That Gender Perspectives Improve Reproductive Health Outcomes*. Population Reference Bureau: Washington, DC. Available at http://www.prb.org/igwg_media/summary-report-gender-perspectives.pdf

Intersectoral Collaboration for Health

1. World Health Organization (WHO) Europe. 2003. *Social Determinants of Health: The Solid Facts*. 2nd ed. WHO: Copenhagen. Available at http://www.euro.who.int/_data/assets/pdf_file/0005/98438/e81384.pdf (accessed February 2013).
2. Commission on Social Determinants of Health (CSDH)/WHO. 2008. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*. WHO: Geneva. Available at http://www.who.int/social_determinants/thecommission/finalreport/en/index.html (accessed February 2013).

3. WHO Europe and European Observatory on Health Systems and Policies. 2012. *Intersectoral Governance for Health in All Policies: Structures, Actions and Experiences*. WHO: Copenhagen. Available at http://www.euro.who.int/_data/assets/pdf_file/0005/171707/Intersectoral-governance-for-health-in-all-policies.pdf (accessed March 2013).
4. United Nations Global Compact. n.d. "Tools and Resources." As social challenges—including those within the health sector—increasingly affect the private workforce, the UN Global Compact has developed its own framework, tools, and resources for collaboration between governments and civil society. Available at http://www.unglobalcompact.org/AboutTheGC/tools_resources/index.html (accessed February 2013).



Setting a Shared Strategic Direction

for Health Systems Strengthening

Series of Guides for Enhanced Governance of the Health Sector
and Health Institutions in Low- and Middle-Income Countries

June 2014



Funding was provided by the United States Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-11-00015. The contents are the responsibility of the Leadership, Management, and Governance Project and do not necessarily reflect the views of USAID or the United States Government.

Table of Contents

- Acknowledgements3
- Introduction4
- Purpose and Audience for the Guides5
- Governing Practice—Setting a Shared Strategic Direction7
 - Define the Population Health Goals10
 - Establish a Shared Strategic Vision with Key Stakeholders10
 - Enable Leadership in the Organization11
 - Create a Successful Strategic Plan14
 - Implement the Strategic Plan15
 - Report Progress16
- Appendix: Tools for Setting a Shared Strategic Direction.....17
 - Key Dimensions of Setting a Shared Strategic Direction17
 - How to Create a Shared Vision18
 - How to Create a Shared Vision Using Pictures19
 - How to Translate Vision into Measurable Results.....20
 - How to Diagnose Root Causes22
 - Checklist for Successful Change Initiatives24
- References and Resources.....25

Acknowledgements

This work was funded by the United States Agency for International Development (USAID) through the Leadership, Management, and Governance (LMG) Project. The LMG Project team thanks the staff of the USAID Office of Population and Reproductive Health, in particular, the LMG Project Agreement Officer's Representative and her team for their constant encouragement and support.

The guides and accompanying handbooks on governance represent the collective effort and input of many experts in public health leadership, management, and governance. The LMG Project would like to acknowledge the individuals who have made these materials possible.

We would like to thank members of the LMG Project team for their dedication to the learning opportunity that these materials provide. Dr. Mahesh Shukla, Senior Technical Advisor on Governance, and Dr. James A. Rice, Project Director, have been instrumental in creating and shaping the guides and handbooks on governance. Ummuro Adano, Lourdes de la Peza, Stephanie Calves, and Sarah Johnson served as internal reviewers and their suggestions have been very useful. The support of Xavier Alterescu, Megan Kearns, Laura Lartigue, Jeremy Malhotra, Elizabeth Walsh, Dana Bos, and Alison Ellis has been critical to the completion of the materials.

LMG would also like to thank other colleagues at Management Sciences for Health (MSH), specifically Karen Chio and Sharon May, for their instructional design review and inputs. A special thanks to MSH Ethiopia for giving us an opportunity to pilot test the governance guides and handbooks and for providing essential feedback on their practical application.

The LMG Project team thanks the hundreds of leaders, managers, and people who govern the health sector and health institutions in low- and middle-income countries, who spent substantial time participating in our surveys and interviews in 2012. The five effective governing practices were identified based on insights they shared during these inquiries. Special thanks are extended to the three Provincial Public Health Coordination Committees and eleven District Health Coordination Committees in Afghanistan who pilot tested the five governing practices, and found that the health system governance and antenatal care visit rate in their provinces had improved as a result.

Finally, LMG would like to thank all of the individuals and organizations striving to improve health sector governance all over the world. We hope the governance guides and accompanying handbooks will serve as valuable resources for the continued support of good governance.

Introduction

Thank you for all that you do to improve the performance of your health system. Good governing practices not only enable you to achieve more significant results in your work but also more sustainable results. Governance in the context of health has come into sharper focus over the past decade. It is one of the essential factors in the pursuit of stronger health systems and greater health impact. There is an emerging body of evidence that shows that effective governance improves health outcomes. Conversely, poor governance overall, and especially in the health sector, contributes to poor health outcomes. It undermines the vitality of a health system, making it less effective, less efficient, less equitable, and less responsive to the people it is intended to serve.

Governance is a collective process of making decisions to ensure continuous vitality and performance of organizations or health systems. Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and ensuring that the strategic goals and objectives are accomplished. Governance for health is governance done with the objective of protecting and promoting the health of the people served by a public or private organization.

(Source: Management Sciences for Health, “How to Govern the Health Sector and Its Institutions Effectively,” *The eManager*, No. 1, 2013)

Studies, roundtable discussions, and fieldwork done by the Leadership, Management, and Governance (LMG) Project¹ funded by the US Agency for International Development defined five governing practices as essential to the effective functioning of governing bodies:

- Cultivating accountability
- Engaging stakeholders
- Setting a shared strategic direction
- Stewarding resources
- Assessing and enhancing governance

The LMG Project developed this series of guides and the accompanying training handbooks to help you operationalize each of the five governing practices in your organization. You will have an opportunity to use (1) guides that explain each of the five practices; (2) training handbooks that support and prepare you to apply the governing practices described in the guides, and (3) a series of reading materials, case studies, tools, and resources.

We hope you will find the materials and the training course based on them useful and, as a result of investing your time in the course, that you will be more comfortable, confident, and competent in your governing role. As governance leaders or members of governing bodies, using these guides you will be able to apply the five effective governing practices in your organization, and improve your governance performance and in turn, your organization’s performance. Training course based on these guides will make the learning of the five governing practices more effective and the course will enable you to develop and implement a governance enhancement plan for your organization. The course uses the five guides as required readings for the participants. We have also developed a separate training facilitator’s handbook to help the facilitators deliver the governance enhancement training in a structured way and with maximum effectiveness.

¹ The LMG Project is implemented by a consortium of six partner organizations: Management Sciences for Health (MSH), African Medical and Research Foundation, Medic Mobile, International Planned Parenthood Federation, Johns Hopkins University Bloomberg School of Public Health, and Yale University Global Health Leadership Institute. You may visit us at www.lmgforhealth.org.

Purpose and Audience for the Guides

The series consists of five guides on effective governance of the health sector and health institutions:

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

The primary users of these guides are the teams of leaders who govern and leaders who manage the health sector and health institutions in low- and middle-income countries. As senior health leaders, the guides are designed to help you implement the five essential governing practices in your organization. The contents of these guides are applicable to the public sector or government organizations and to not-for-profit or nongovernmental organizations (NGO) or civil society organizations. The guides are also applicable at all levels of the health system: national, provincial, district, or community level as well as at the institutional, organizational or health facility level. For example, the Minister or Permanent Secretary or Director of a department in the Ministry of Health and her/his senior leadership team will find the guides and the training course based on these guides useful. The Director or Head of a provincial health department or a district health office or a hospital or a health center and her/his colleagues in the governing body will likewise benefit. Using these materials, members of governing bodies that direct provincial health systems, district health systems, hospitals, and health centers in public and not-for-profit sectors will be able to adapt effective governing practices to their own settings, apply them, improve their governance and, in turn, the performance of their organizations.

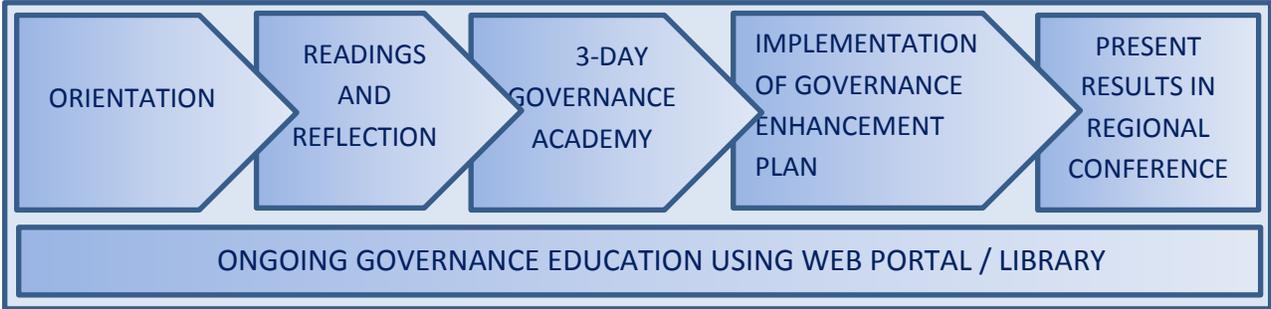
To facilitate the structured delivery of the content of the five guides, training handbooks have been developed to accompany the guides and to be used by the training facilitators. The handbooks are designed as the training facilitator's tool and the training facilitator's resource for your capacity building as governance leaders (leaders who govern) or management leaders who support good governing practices. Separate training handbooks have been developed for the training of the governance leaders or governing bodies of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers.

The guides can be used as a self-study resource by the governance leaders or governing bodies to learn the five governing practices and apply them. These are available at <http://www.lmgforhealth.org/expertise/governing>. You may start with taking some of the governance self-assessments that you will find in the appendices in the Guide for Continuous Governance Enhancement. This will help you assess your governing practices. You may then start with the guide for the governing practice where you feel you need to improve the most. Alternatively, you may start with the guide on cultivating accountability, and then move on to the guides on engaging stakeholders, setting shared strategic direction, stewarding resources, and continuous governance enhancement, in that order. The practices are inter-related, one builds on another. This sequence will allow you to benefit from this attribute of the practices. The learning and its application will be more effective if a structured training is organized using the training handbook relevant for your setting. The guides, handbooks, and other resource materials will support your capacity building as leaders who govern or leaders who manage, and leaders who are dedicated to strengthening the performance and results of health systems in low- and middle-income countries.

The learning continuum comprises a carefully designed learning experience consisting of: general orientation of new governing body members; readings, reflection, and collective self-assessment by the governing body; a three-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered; implementation of a governance enhancement plan and an action plan to improve selected measures of the organization's performance; and presentation of lessons learned and results in a regional

conference; all of this is supported by continuous governance education using the resources available on the LMG website <http://www.lmgforhealth.org/expertise/governing>.

Governance Learning Continuum



The three-day Governance Academy or governance workshop is at the heart of this learning plan. As described in the accompanying training handbooks, there are twelve sessions in the Governance Academy designed to help participants master the contents of the five guides. The sessions are practice-oriented and based on an experiential learning methodology. The handbooks describe specific trainer goals and learning objectives for each session. Course participants are expected to be teams of governance leaders and senior management leaders from similar settings. For example, participants could be senior governance and management leaders from several different hospitals. However, they should be from hospital settings only so that the focus is on applying the practices in a hospital setting. By the end of the course, the teams would have prepared a governance enhancement plan and an action plan to improve two to three strategic measures of their organization’s performance. When they go back to their organizations, senior governance and management leaders work together as a team to consistently apply the five essential governing practices, implement their plans and improve their organization’s governance and performance.

Governance enhancement plan comprises periodically assessing governing practices and continuously trying to improve these practices through regular governance assessments, governance orientation and education, building diversity in the governing body, cultivating essential governance competencies, conducting productive meetings, establishing governance policies, and using governance technologies like dashboard.

The primary purpose of enhancing governance is improving the organizational performance. For this reason, the governance leaders working with the senior management and key stakeholders develop an action plan to improve two to three strategic measures of the organization’s performance. This involves practical application of the governance capabilities of the governing body and also consistent application of the effective governing practices they learned in course of the governance enhancement education. When the governance leaders see their governance decisions translating into higher organizational performance, they are inclined to consistently apply the effective governing practices. A virtuous cycle is set into motion, improved governance leading to better organizational performance, which in turn motivates the governance leaders to continuously enhance their governance.

Governing Practice—Setting a Shared Strategic Direction

The Governing Body determines the organization's strategic direction and policies. It sets out the organization's strategic direction to deliver its mission, goals and objectives. With the Chief Executive, it makes certain that the organization's programs, activities and services reflect its strategic priorities. It concentrates on strategic thinking and does not involve itself with day-to-day operational and management matters. It creates policies and monitors the organization's activities in all areas.

International Planned Parenthood Federation
Code of Good Governance

Shared direction comes from agreeing on which “ideal state” everyone is trying to get to. If there is no agreement on what or where you are moving to, agreeing on approaches for how to get there will be that much more difficult. If you know that you are all moving in the same direction, you will find it easier to gather support for the planning process, and define strategy to achieve this vision. You can then design a shared action plan with measurable goals for reaching it and set up accountabilities to accomplish the plan. If the stakeholders share and own the strategic direction, it is more likely that your organization will realize and achieve it.

Effective governance in the health sector should lead to improved client experiences and health outcomes, as well as innovation. Those who govern are responsible for setting a shared strategic direction - creating a collective vision, articulating this vision, and inspiring everyone in the system to achieve it. They oversee the process of planning, strategizing, and monitoring progress toward the vision, all the while advocating for the needs of those affected by governance activities.

Leadership is essential to setting and achieving the strategic direction. Effective leadership is a prerequisite for effective governance and effective management. Leaders are critical to the governing and management processes. The full potential of governance and management cannot be realized without strong and effective leadership.

Health leaders who govern define the vision for health as well as the strategy to achieve this vision; exert influence across all sectors for better health; govern the health system in ethical ways; ensure that the system design is aligned with health system goals; and make policies that enhance health outcomes for the populations they serve. They raise and allocate the resources for the organization to meet its vision and mission. Effective leaders engage with stakeholders and foster inclusion and participation, as discussed in the Guide on Engaging Stakeholders. They are responsible stewards of the health system they serve in their governing capacity.

To explore the good governing practice of setting a shared strategic direction, you will want to consider the principles and actions presented below.

GOVERNING PRACTICE—SETTING A SHARED STRATEGIC DIRECTION

Set Shared Direction: *Develop a collective vision of the “ideal state” and an action plan, with measurable goals for reaching it.*

<p>Principles underlying the practice</p> <p>Stakeholder alignment</p> <p>Leadership</p> <p>Management</p> <p>Advocacy</p>	<p>Governing actions you can take:</p> <ul style="list-style-type: none">• Oversee the process for developing and implementing a shared action plan to achieve the mission and vision of the organization or health system. Engage citizens and other stakeholders.• Ensure that the stakeholders’ needs and concerns are considered in setting the shared strategic direction and shared action plan.• Document and disseminate the shared vision of the ideal state.• Oversee the process of setting goals for reaching the ideal state.• Make sound policies, laws, regulations, rules of procedure, plans and programs, and protocols to achieve the ideal state.• Establish accountability mechanisms for achieving goals that have been set, using defined indicators to gauge progress toward achieving the goals.• Advocate for the ideal state at higher levels of governance, other sectors outside of health, and other convening venues.• Oversee the process of realization of the shared goals and the desired outcomes.
---	---

Setting Strategic Direction

One of the most important practices to protect and enhance the vitality of a health service organization or agency is to establish a “strategic road map” to guide the enterprise forward. Often this strategic roadmap or plan charts a path into a future that is uncertain, with rapidly growing demands for services from communities, patients, and citizens in vulnerable and marginalized populations, and a shortage of resources (human, financial and technological). The decision-making process of designing and implementing this roadmap is referred to here as “Setting Strategic Direction.” The governing body sets the strategic direction in collaboration with organizational leadership and key stakeholders, and once the directions is set, it is primarily the responsibility of the management to realize it.

To improve your potential to accomplish the governing practice of setting strategic direction, six tasks are considered essential for your success:

1. Define the population health goals
2. Establish a shared vision among key stakeholders
3. Enable leadership in the organization
4. Create a successful strategic plan
5. Implement the strategic plan
6. Report progress

Several tools and resources to support your implementation of these tasks are provided in the Appendix of this guide. In the following sections of the guide, “you” should be interpreted as you - working with your governing body and the senior management team.



Define the Population Health Goals

Good governance in health systems or in health sector organizations strives to understand and enhance the health status of the people served by the system/organization. A foundational task for those who govern is to know: the existing scope and nature of the health service needs of the populations they serve; trends in disease and illness; and patterns of utilization of available health services. Effective governing bodies and their senior staff clearly define measurable health status improvement indicators and how these goals are:

- To be achieved with evidence-based health and medical care that protects, promotes, and restores people to their optimal levels of health and well-being.
- To be measured in the most cost effective way.
- To be monitored to determine progress and how progress is reported in an understandable manner.

Establish a Shared Strategic Vision with Key Stakeholders

Health workers and communities want to know where their service organization is going, to understand a vision of how the service or organization will look and behave in the future. Stated in a few uplifting words, the vision statement is motivational and inspirational, and sufficiently realistic to be possible, to be credible.

Leaders who govern or the governing bodies find that when they engage stakeholders to define and discuss the meaning of the vision, the vision is more likely understood and owned by the stakeholders. This sense of ownership is essential to optimize stakeholder willingness to help work together to implement and then continually improve the strategic roadmap.

These are several activities to consider when preparing a shared strategic vision with key stakeholders.

Which of the following are the two or three most important activities in your situation?

1. Develop a collective vision of the “ideal state” working with your colleagues, health workers, community members, and many other diverse stakeholders, articulate this vision, and inspire everyone in the system to achieve it.
2. Document and disseminate the shared vision of the ideal state.
3. Oversee the process of setting goals to reach the ideal state, and planning, strategizing, and monitoring progress toward that vision.
4. Oversee the process for developing and implementing a shared action plan to achieve the mission and vision of the organization. Engage citizens and other stakeholders in this process.
5. Advocate for this vision at different levels of governance, in sectors outside of health, and in other venues.
6. Exert influence across all sectors to achieve this vision.
7. Ensure that your health system design is aligned with this collective vision.
8. Make policies to achieve the collective vision.
9. Raise and allocate resources to achieve this vision.

If your organization already has a strategic plan in existence, you can use the principles described above to update and implement the plan you already have.

- 1. What are the obstacles leaders who govern are likely to experience in this practice or activity?**
- 2. How might those obstacles best be removed or reduced by the governing body?**
- 3. What are two or three practical ways to help ensure the successful accomplishment of this activity?**

Enable Leadership in the Organization

Leadership, management, and governance are interdependent, overlapping, and mutually reinforcing constructs. All three are needed to achieve a desired result. Effective leadership is a prerequisite for good governance as well as for sound management i.e. those who govern and those who manage should be good leaders in the first place in order to give results. Effective management is a critical support for good governance. Good governance in turn provides purpose, resources, and accountability in support of management.

In a health system, we need leadership at all levels: leaders who govern or governance leaders, leaders who manage or senior managers, clinician leaders, leaders of health worker teams, and so on. Without good leadership, we cannot have good management or good governance.

Those who govern need a strong partnership with those who manage. Managers must be encouraged and supported to perform their key leading (scanning, focusing, aligning and mobilizing, and inspiring) and managing (planning, organizing, implementing, monitoring and evaluation) practices wisely and well. It is through the work of managers that good governance can flourish. Good governance requires decision making by senior management leaders that is effective, efficient, and ethical. To support the senior management decision making, governing bodies invest in continuing education for the management leadership team of their organization through:

- Participation in formal leadership development programs
- Mentoring from selected governing body members
- Executive exchange programs with similar organizations in other districts or countries
- Access to best practices by reading, study tours, and interactions with diverse health workers

Both governance leaders and management leaders should practice the following leadership behaviors. These will be immensely helpful in setting and realizing the organization's strategic direction. These are

behaviors that enable leaders to successfully set and realize the strategic direction. For each of the practices and behaviors presented below, identify how the governing body member's role might vary from the work of the health manager.

1. **Scan** challenges and opportunities in the internal and external environment. Consider how a doctor reviews a patient's vital signs to get a basic picture of his or her health at the moment. Leaders recognize opportunities, challenges, and trends to gain a picture of the whole situation. They talk to as many stakeholders as possible, establish formal and informal networks, take advantage of lessons learned from past experiences, and review the current literature.
 - a. Identify client and stakeholder needs and priorities.
 - b. Recognize trends, opportunities, and risks that affect the organization.
 - c. Look for best practices.
 - d. Identify staff capacities and constraints.
 - e. Know oneself, the staff, and the organization, its values, strengths, and weaknesses.

2. Leaders **focus** attention on critical challenges. They communicate these challenges to colleagues and work through them with participatory processes that encourage group members to think as individuals, act according to their beliefs, and take responsibility.
 - a. Articulate the organization's mission and strategy.
 - b. Identify critical challenges.
 - c. Link goals with the overall organizational strategy.
 - d. Determine key priorities for action.
 - e. Create a common picture of desired results.

3. **Align** and **mobilize** the group to advance in the right direction. Leaders motivate their colleagues to address the challenges and find adequate resources to do so. By enabling others to contribute to overcoming the challenges, they often allow other leaders to emerge.
 - a. Ensure congruence of values, mission, strategy, structure, systems, and daily actions.
 - b. Facilitate teamwork.
 - c. Unite key stakeholders around an inspiring vision.
 - d. Link goals with rewards and recognition.
 - e. Enlist stakeholders to commit resources.

4. Leaders **inspire** the people around them to learn, act, commit, and create effective solutions by serving as a role model. They set an example through their own attitudes, actions, commitment, and behavior.
 - a. Match deeds to words.
 - b. Demonstrate honesty in interactions.
 - c. Show trust and confidence in staff; acknowledge the contributions of others.
 - d. Provide staff with challenges, feedback, and support.
 - e. Be a model of creativity, innovation, and learning

(Source: MSH. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA.)

1. What are the obstacles leaders who govern are likely to experience in practicing or enabling leadership?

2. How might those obstacles best be removed or reduced by the governing body?
3. What are two to three practical ways to help ensure the successful accomplishment of this activity?

Attributes Useful in Establishing a Shared Strategic Direction

These are several leadership competencies that enhance the effectiveness of your leadership in the governing body of your organization. **Which two or three are the most important in your situation?**

1. Make these leadership shifts: 1) Move from individual heroics to collaborative actions. 2) Move from despair and cynicism to hope and possibility. 3) Move from blaming others for problems to taking responsibility for challenges. 4) Move from scattered, disconnected activities to purposeful, interconnected actions. 5) Move from self-absorption to generosity and concern for the common good.
2. Master yourself: Reflect on yourself and be aware of your influence on your colleagues, health managers, health providers, and community members. Manage your emotions. Use your strengths, and work on your weaknesses.
3. See the big picture: Look beyond a narrow focus to take into account conditions outside your own community and see the complete picture.
4. Create a shared vision: Work with your colleagues, health managers, health providers, and community members to envision a healthy community. Use this vision to focus all your efforts.
5. Clarify purpose and priorities: Know your own values and what health goal is most important to accomplish.
6. Communicate effectively: Hold conversations focused on results. Advocate and enquire.
7. Motivate health manager and health provider teams: Clarify the purpose, and establish trust.
8. Resolve conflict: Reach agreements from which both community and health workers can benefit.
9. Lead change in the face of uncertainty: Enable your colleagues, health managers, health providers, and community members to meet challenges in the face of uncertain and adverse conditions.

(Source: MSH. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA.)

1. What are the obstacles governing body members are likely to experience in developing the leadership competencies described above?
2. How might those obstacles best be removed or reduced by the governing body?
3. What are two or three practical ways to help ensure you can enhance these attributes of effective members of your governing body?



Create a Successful Strategic Plan

How should the governing body, working with senior management, best accomplish each of the important tasks presented below?

1. Gather support for the planning process.
2. Formally commit to the planning process.
3. Create a planning team.
4. Conduct an organizational assessment (environment scan, situation assessment).
5. Review or create, discuss, and state the organizational mission and vision, and ensure that everyone is comfortable with them.
6. Develop goals, strategies, and objectives.
7. Draft and approve an action plan.
8. Implement the strategic plan.
9. Monitor implementation.
10. Conduct regular reviews.

Process of Creating a Successful Strategic Plan

Ask	Analyze
Where are we now?	Internal and external assessment
Where do we want to be?	Vision Mission and principles Goals and Objectives
How will we get there?	Strategy Action Plan
How can we measure our progress?	Performance Measures Monitoring and Tracking Evaluation

If your organization already has a strategic plan in existence, you can use the processes described above to update and implement the plan you already have.

Implement the Strategic Plan

Statements and plans that set strategic direction are only words unless they are implemented. The strategic direction needs to be operationalized and acted on by senior and middle managers. Governing bodies and their members need to make policies and exemplify behaviors that create working conditions in which managers are more likely to want to and be able to implement plans that drive the organization toward the achievement of its mission and vision.

Effective governance supports management to adopt the following four managing practices:

1. **Plan**
 - a. Set long-term and short-term goals and objectives.
 - b. Develop long-term and annual plans.
 - c. Allocate and assign adequate resources.
 - d. Anticipate and reduce risks.
2. **Organize** to implement the plan:
 - a. Establish accountability and authority for implementation.
 - b. Strengthen processes to implement the plan.
 - c. Align the health workforce with planned activities.
3. **Implement** activities efficiently, effectively, and responsively:
 - a. Coordinate with health workers and the community.
 - b. Balance competing demands.
 - c. Use information and evidence.
 - d. Adjust plans and resources as circumstances change.
4. **Monitor** and **evaluate**
 - a. Monitor and reflect on progress against the plan.
 - b. Observe, check, and keep a continuous record of what is going on.
 - c. Provide feedback to health workers and the community members.
 - d. Assess results:- what worked and what went wrong?
 - e. Identify changes needed to improve work processes.

(Source: MSH. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA.)

1. **What are the obstacles the management is likely to experience in implementing the strategic plan?**
2. **How might those obstacles best be removed or reduced by the governing body?**
3. **What are two or three practical ways to help ensure the successful accomplishment of this activity?**



Report Progress

An organization's "progress to plan" should be measured, monitored, and reported to all key stakeholders. Setting strategic direction is a hollow promise unless the means of monitoring and reporting results are embedded in the strategic plan. Leaders who govern must report objectively and transparently progress of the organization to citizens, patients, media, and policy makers.

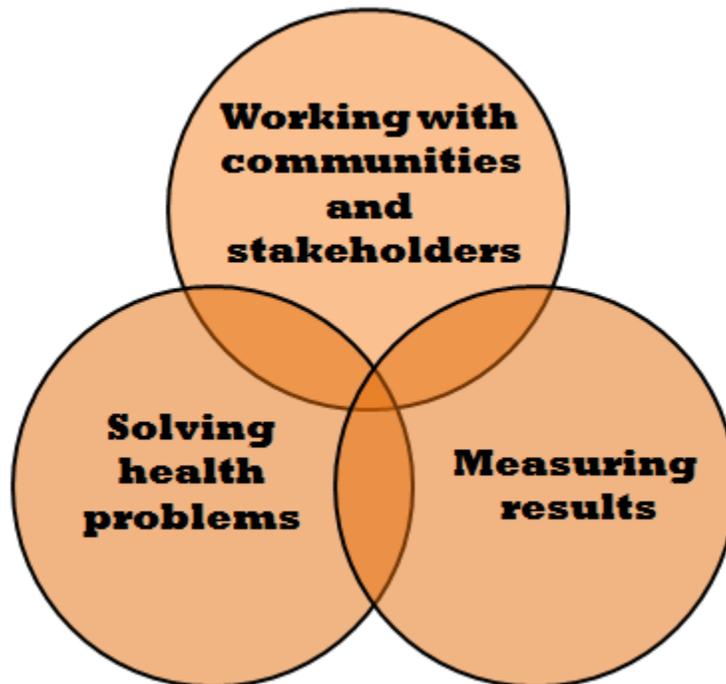
The governing body has an oversight role i.e. oversee whether the organization is making progress towards the strategic direction that has been set by the body working with internal and external stakeholders. It has a responsibility to report this progress to the key stakeholders of the organization.

- 1. What are the obstacles leaders who govern are likely to experience in this practice or activity?**
 - 2. How might those obstacles best be removed or reduced by the governing body?**
 - 3. What are two or three practical ways to help ensure the successful accomplishment of this activity?**
- 

Appendix: Tools for Setting a Shared Strategic Direction

Core Dimensions of Setting a Shared Strategic Direction

There are three core dimensions of setting a strategic direction of a health system: 1) Working with communities and stakeholders (it makes the strategic direction a shared destination, and the journey toward realizing it a shared journey, 2) solving health problems of the communities served by the health system (after all, it is the fundamental purpose of a health system), and 3) measuring results (because it is the key to achieving results and hence the strategic direction).



How to Create a Shared Vision

MSH Publication *Managers Who Lead* describes this tool that can be used by a facilitator to help development of a shared vision. The tool has proved very effective in the field.

Step 1. Imagine the future

- Ask the participants to think about a time in the future.
- Say “Imagine it is two years from now and we are looking back. We have accomplished all that is important to us. What picture do you see in your mind that represents that accomplishment?”
- Ask each participant to write a newspaper headline reporting on your accomplishments in the year 20__ (two or more years from now). Each individual writes a few words to describe what has been accomplished.

Step 2. Integrate your vision with another one

- Have the participants divide into pairs and ask them to share their visions with each other.
- Ask each pair of participants to create one shared vision combining the best aspects of both visions.
- In groups of four (composed of two pairs), discuss the combined visions, and further consolidate these visions to arrive at one shared vision for each group of four people.

Step 3. Record the key elements of all the vision statements

- In plenary, ask each group of four to present its combined vision.
- Record the key elements or phrases of each vision statement on a flipchart.
- Review the elements and consolidate them to eliminate overlaps.

Step 4. Prioritize the elements

- If the list is long, ask each participant to choose the three elements that are most critical. Record them on a flipchart.
- For each element, ask how many others listed it as one of their top three elements.
- Choose the three elements of the vision that were listed most often.
- Check with the entire group to see if these three elements or phrases correspond to their vision.

Step 5. Present the shared vision statement

- Combine the elements and phrases into one vision statement and write it on a clean flipchart. Put it in the front of the room to guide further discussions.

(Source: MSH. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA.)

How to Create a Shared Vision Using Pictures

Managers Who Lead describes another tool that can be used by a facilitator to facilitate development of a shared vision, this time using pictures. This exercise guides a group through the process of creating a shared vision using images and pictures rather than words. Use it as a precursor to using the Challenge Model, described in the next section. The drawing keeps people from writing down clichés or abstractions that have little personal meaning or fail to inspire them. Have handy blank flipchart paper for each table and a set of markers and pencils or crayons.

Step 1. Create a picture of a desired future state

- Divide the participants into small groups of four to six people.
- Ask everyone to dream about the future of their group or organization.
- Have each participant make a quick sketch of an image that come to mind.

Step 2. Share drawings with other group members

- Ask the participants to show and explain their images to the others in their group.

Step 3. Prepare one drawing per group

- Ask each group to prepare one large drawing (flipchart size) that captures the collective dream of the members in their group. (This process encourages the participants to defend elements that are important to them and omit elements they do not care strongly about.)

Step 4. Present small-group drawings

- Ask each group to present its large drawing to the plenary group. (If necessary, have the group clarify parts of the drawing that are not clear. If other participants criticize what a group has drawn, the group should defend the dream in such a compelling way that the rest of the groups accept it.) The drawings can be altered at any time.
- While the small groups present their drawings, summarize the elements and concepts that the drawings portray on a separate board or wall chart.

Step 5. Review the elements and concepts represented in the drawings

- When all the groups have completed their presentations, review (in plenary) the elements and concepts that you recorded.

Wrap up and plan next steps

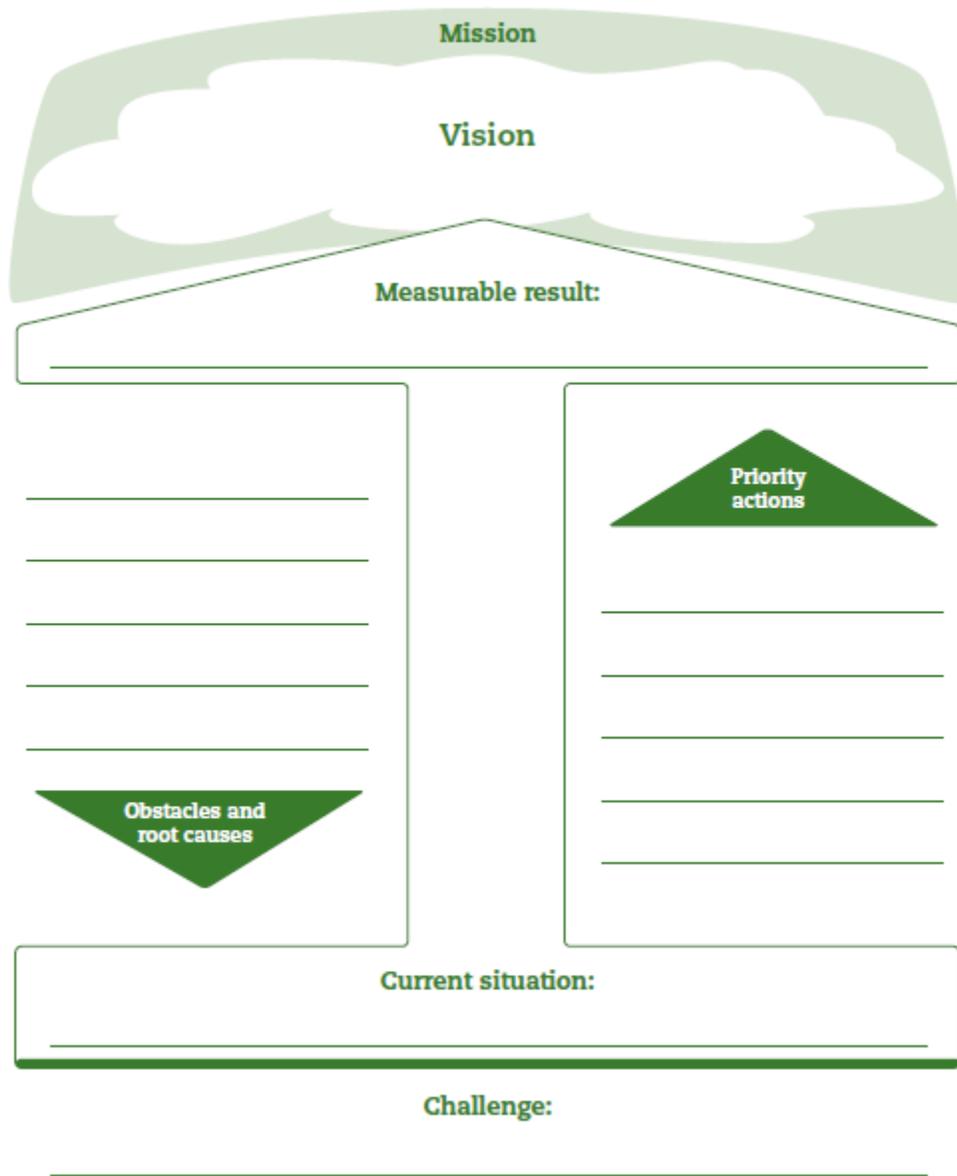
- Invite a small group of people who write well to transform the elements of the vision into an inspiring piece of prose. Some groups have found it inspiring to hold on to the picture.
- You might also ask a local artist to take the sketches and do an artistic rendering of the result of the exercise.
- Explore in a closing reflection with the group how this image of their shared vision might change as they work together.

(Source: MSH. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA.)

How to Translate Vision into Measurable Results

Once the shared vision is created, it should be translated into measurable results. *Managers Who Lead* describes the tool – *Challenge Model* that has proven very effective for this purpose.

Challenge Model



(Source: MSH. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA.)

The *Challenge Model* tool consists of eight steps.

Step 1. Review your organizational mission and strategic priorities

With your team, form a common understanding of your organization's mission and strategic priorities. This understanding will help you shape your vision and make sure that it contributes to the larger organizational priorities.

Step 2. Create a shared vision

Work with your team to create a shared vision of the future you want and that contributes to accomplishing the organization's mission and priorities. This shared vision serves to inspire the team to face each new challenge.

Step 3. Agree on one measurable result

Pick an aspect of your shared vision and create one measurable result that you all want to achieve. This measurable result is what will drive your work. Because it is measurable, it allows you to monitor and evaluate your progress toward achieving it. Note that finalizing the result is an iterative process. As you learn more about the current situation and obstacles you need to overcome, you may need to adjust your stated result so that it is appropriate and realistic.

Step 4. Assess the current situation

Scan your internal and external environments to form an accurate baseline of the realities or conditions that describe the current situation in relation to your stated result.

Step 5. Identify the obstacles and their root causes

Make a list of obstacles that you and your team will have to overcome to reach your stated result. Use root cause analysis tools to analyze the underlying causes of these obstacles to make sure you are addressing the causes and not just the symptoms.

Step 6. Define your key challenge and select priority actions

State what you plan to achieve in light of the root causes of the obstacles you have identified. (It helps to begin your challenge statement with "How will we...?") Then select priority actions that you will implement to address the root causes of the obstacles.

Step 7. Develop an action plan

Develop an action plan that estimates the human, material, and financial resources needed and the timeline for implementing your actions.

Step 8. Implement your plan and monitor and evaluate your progress

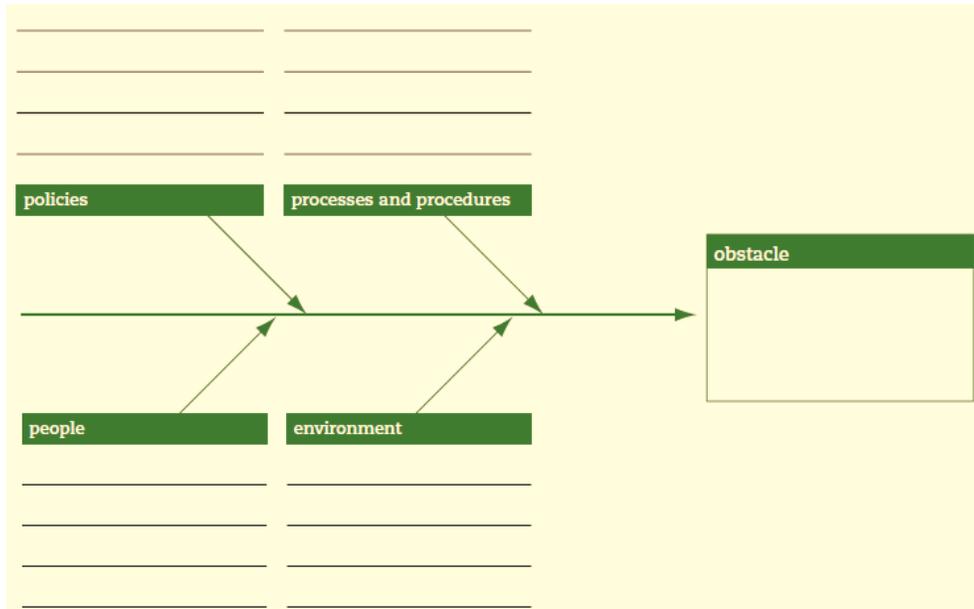
Provide support to your team in implementing the plan, and monitor and evaluate your progress toward achieving your result.

(Source: MSH. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA.)

How to Diagnose Root Causes

After using the Challenge Model to uncover obstacles that keep you from achieving your intended result, use of the Fishbone Diagram or the Five Whys Technique will help you identify the root causes of those obstacles.

Fishbone Diagram



Continue working with your team so you can draw on the knowledge and perspectives of many people, which will improve the quality of your analysis. If possible, draw the Fishbone Diagram shown above on a flip chart or chalkboard so everyone can look at it and discuss it together.

Step 1: Write one obstacle you have defined in your Challenge Model in the box on the far right of the Fishbone Diagram.

Step 2: Brainstorm possible reasons why this obstacle is creating a gap between the current situation and your intended result. Discuss each of the main factors—people, policies, processes and procedures, and environment—and how it might contribute to the obstacle.

- People: knowledge, skills, motivation, support
- Policies: rules and regulations that you have the ability to affect
- Processes and procedures: standards, equipment
- Environment: Ministry of Health, community, other stakeholders

Using these four categories will help you organize your ideas. As a group, look for the possible causes of the performance gap and classify them by category. You can select other categories if these four don't apply to your situation.

Step 3: Write the possible reasons on the diagram, grouping them by category. The categories are connected to the central spine of the diagram.

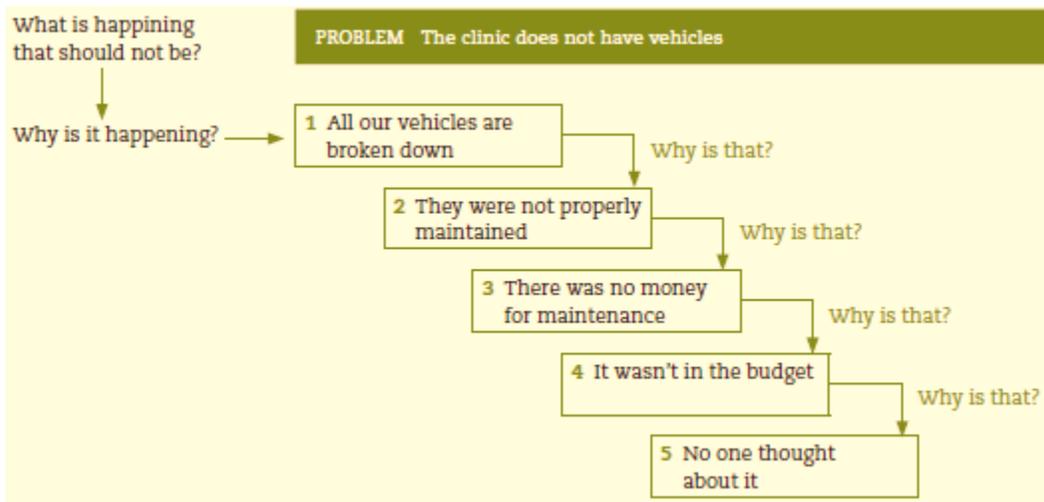
Step 4: Identify the causes that are most responsible for the problem. Do this by probing deeper to understand the factors that sustain the current situation and keep you from moving to your desired result. Use the Five Whys technique (see below) to help you probe. Discuss and select those causes that, if successfully addressed, will allow you to make the most progress toward the desired result. Circle these causes.

Five Whys Technique

The Five Whys exercise is a questioning technique developed by Imai Masaaki and made popular as part of the Toyota Production System in the 1970s. It will help your team get beyond obvious symptoms and identify the primary or root causes of a problem. Asking “why” five times prevents mistaking symptoms for causes and gives a more complete picture of how the problem came into being.

When you are working with a cause-and-effect diagram and have identified a probable cause, ask, “Why is that true?” or “Why is that happening?” To each answer ask “why” again. Continue asking “why” at least five times, until the answer is “That is just the way it is, or that is just what happened.” Then you can work on addressing the underlying factors that are truly causing the problem.

An example of the Five Whys Technique



(Source: MSH. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA.)

Checklist for Successful Change Initiatives

Strategic direction set by the governing body and key stakeholders may be a new direction for the organization and in that case, its realization will involve a change in organizational processes and structure. Change creates opportunities as well as challenges. To succeed in the change process, the governing body may use this checklist.

#	Questions	Comments
1.	Have we communicated the urgency of the change effort by framing the challenge clearly?	
2.	Have we built a strong core team?	
3.	Do we have a shared vision of the end result of the change initiative?	
4.	Are we including key stakeholders in planning and implementation activities?	
5.	Do we have examples of obstacles that we have overcome together as a result of the change initiative?	
6.	Are we sufficiently focused on results?	
7.	Do we have periodic celebrations of short-term wins?	
8.	Do we have continued senior leadership support for facing ongoing challenges?	
9.	Are new behaviors and values becoming increasingly visible at work?	
10.	Are changes incorporated in routine organizational processes and systems?	

(Source: MSH. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA.)

References and Resources

1. MSH. 2005. *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA. Available at <http://www.msh.org/resource-center/managers-who-lead.cfm> (accessed February 2013).
2. MSH. 2010. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA. Available at [http://www.msh.org/resources/health-systems-in-action-an-eHandbook-for-leaders-and-managers?keywords=health%20systems%20in%20action&field_resource_type\[0\]=Publication](http://www.msh.org/resources/health-systems-in-action-an-eHandbook-for-leaders-and-managers?keywords=health%20systems%20in%20action&field_resource_type[0]=Publication) (accessed February 2013).
3. UK National Health Service. n.d. NHS Leadership Academy website, <http://www.leadershipacademy.nhs.uk> (accessed February 2013).
4. International Planned Parenthood Federation (IPPF). 2007. *IPPF Code of Good Governance*. Available at http://www.ippf.org/sites/default/files/ippf_code_of_good_governance.pdf (accessed February 2013).
5. IPPF. 2010. *Welcome on Board: IPPF Governance Handbook*. Available at <http://www.ippf.org/resource/Welcome-Board-governance-handbook> (accessed February 2013).
6. Kocsis, D. L., and Waechter, S. A. 2003. *Driving Strategic Planning: A Nonprofit Executive's Guide*. BoardSource.
7. Barry, B. W. 1997. *Strategic planning workbook for nonprofit organizations*. Amherst H. Wilder Foundation.



Stewarding Resources

for Health Systems Strengthening

Series of Guides for Enhanced Governance of the
Health Sector and Health Institutions in Low- and
Middle-Income Countries

June 2014



Funding was provided by the United States Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-11-00015. The contents are the responsibility of the Leadership, Management, and Governance Project and do not necessarily reflect the views of USAID or the United States Government.

Table of Contents

Acknowledgements	3
Introduction	4
Purpose and Audience for the Guides	5
Governing Practice—Stewarding Resources	7
Wisely Raise and Use Resources	9
Practice Ethical and Moral Integrity	10
Build Management Capacity	13
Measure Performance	14
Use Information, Evidence, and Technology in Governance	15
Eradicate Corruption	16
Appendix	19
Eight Reasons to Measure Performance	19
What is Evidence-informed Public Health?	20
How Do You Measure Efficiency?	21
How Do You Measure Sustainability?	21
Framework of Corruption in the Health Sector	22
How Do You Measure Corruption?	23
References and Resources	26
Ethical and Moral Integrity	26
Pursuit of Efficiency and Sustainability	26
Performance Measurement	27
Use of Information and Evidence	27
Use of Technology for Governing	28

Acknowledgements

This work was funded by the United States Agency for International Development (USAID) through the Leadership, Management, and Governance (LMG) Project. The LMG Project team thanks the staff of the USAID Office of Population and Reproductive Health, in particular, the LMG Project Agreement Officer's Representative and her team for their constant encouragement and support.

The guides and accompanying handbooks on governance represent the collective effort and input of many experts in public health leadership, management, and governance. The LMG Project would like to acknowledge the individuals who have made these materials possible.

We would like to thank members of the LMG Project team for their dedication to the learning opportunity that these materials provide. Dr. Mahesh Shukla, Senior Technical Advisor on Governance, and Dr. James A. Rice, Project Director, have been instrumental in creating and shaping the guides and handbooks on governance. Ummuro Adano, Lourdes de la Peza, Stephanie Calves, and Sarah Johnson served as internal reviewers and their suggestions have been very useful. The support of Xavier Alterescu, Megan Kearns, Laura Lartigue, Jeremy Malhotra, Elizabeth Walsh, Dana Bos, and Alison Ellis has been critical to the completion of the materials.

LMG would also like to thank other colleagues at Management Sciences for Health (MSH), specifically Karen Chio and Sharon May, for their instructional design review and inputs. A special thanks to MSH Ethiopia for giving us an opportunity to pilot test the governance guides and handbooks and for providing essential feedback on their practical application.

The LMG Project team thanks the hundreds of leaders, managers, and people who govern the health sector and health institutions in low- and middle-income countries, who spent substantial time participating in our surveys and interviews in 2012. The five effective governing practices were identified based on insights they shared during these inquiries. Special thanks are extended to the three Provincial Public Health Coordination Committees and eleven District Health Coordination Committees in Afghanistan who pilot tested the five governing practices, and found that the health system governance and antenatal care visit rate in their provinces had improved as a result.

Finally, LMG would like to thank all of the individuals and organizations striving to improve health sector governance all over the world. We hope the governance guides and accompanying handbooks will serve as valuable resources for the continued support of good governance.

Introduction

Thank you for all that you do to improve the performance of your health system. Good governing practices not only enable you to achieve more significant results in your work but also more sustainable results. Governance in the context of health has come into sharper focus over the past decade. It is one of the essential factors in the pursuit of stronger health systems and greater health impact. There is an emerging body of evidence that shows that effective governance improves health outcomes. Conversely, poor governance overall, and especially in the health sector, contributes to poor health outcomes. It undermines the vitality of a health system, making it less effective, less efficient, less equitable, and less responsive to the people it is intended to serve.

Governance is a collective process of making decisions to ensure continuous vitality and performance of organizations or health systems. Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and ensuring that the strategic goals and objectives are accomplished. Governance for health is governance done with the objective of protecting and promoting the health of the people served by a public or private organization.

(Source: Management Sciences for Health, “How to Govern the Health Sector and Its Institutions Effectively,” *The eManager*, No. 1, 2013)

Studies, roundtable discussions, and fieldwork done by the Leadership, Management, and Governance (LMG) Project¹ funded by the US Agency for International Development defined five governing practices as essential to the effective functioning of governing bodies:

- Cultivating accountability
- Engaging stakeholders
- Setting a shared strategic direction
- Stewarding resources
- Assessing and enhancing governance

The LMG Project developed this series of guides and the accompanying training handbooks to help you operationalize each of the five governing practices in your organization. You will have an opportunity to use (1) guides that explain each of the five practices; (2) training handbooks that support and prepare you to apply the governing practices described in the guides, and (3) a series of reading materials, case studies, tools, and resources.

We hope you will find the materials and the training course based on them useful and, as a result of investing your time in the course, that you will be more comfortable, confident, and competent in your governing role. As governance leaders or members of governing bodies, using these guides you will be able to apply the five effective governing practices in your organization, and improve your governance performance and in turn, your organization’s performance. Training course based on these guides will make the learning of the five governing practices more effective and the course will enable you to develop and implement a governance enhancement plan for your organization. The course uses the five guides as required readings for the participants. We have also developed a separate training facilitator’s handbook to help the facilitators deliver the governance enhancement training in a structured way and with maximum effectiveness.

¹ The LMG Project is implemented by a consortium of six partner organizations: Management Sciences for Health, African Medical and Research Foundation, Medic Mobile, International Planned Parenthood Federation, Johns Hopkins University Bloomberg School of Public Health, and Yale University Global Health Leadership Institute. You may visit us at www.lmgforhealth.org.

Purpose and Audience for the Guides

The series consists of five guides on effective governance of the health sector and health institutions:

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

The primary users of these guides are the teams of leaders who govern and leaders who manage the health sector and health institutions in low- and middle-income countries. As senior health leaders, the guides are designed to help you implement the five essential governing practices in your organization. The contents of these guides are applicable to the public sector or government organizations and to not-for-profit or nongovernmental organizations (NGO) or civil society organizations. The guides are also applicable at all levels of the health system: national, provincial, district, or community level as well as at the institutional, organizational or health facility level. For example, the Minister or Permanent Secretary or Director of a department in the Ministry of Health and her/his senior leadership team will find the guides and the training course based on these guides useful. The Director or Head of a provincial health department or a district health office or a hospital or a health center and her/his colleagues in the governing body will likewise benefit. Using these materials, members of governing bodies that direct provincial health systems, district health systems, hospitals, and health centers in public and not-for-profit sectors will be able to adapt effective governing practices to their own settings, apply them, improve their governance and, in turn, the performance of their organizations.

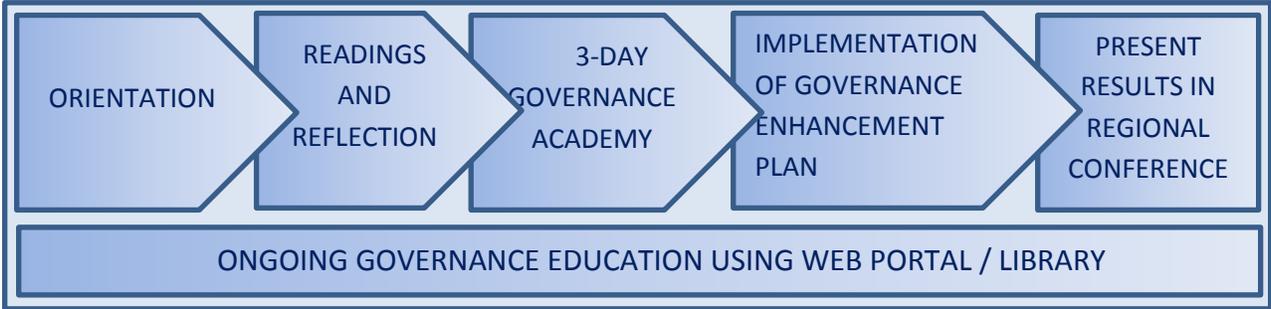
To facilitate the structured delivery of the content of the five guides, training handbooks have been developed to accompany the guides and to be used by the training facilitators. The handbooks are designed as the training facilitator's tool and the training facilitator's resource for your capacity building as governance leaders (leaders who govern) or management leaders who support good governing practices. Separate training handbooks have been developed for the training of the governance leaders or governing bodies of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers.

The guides can be used as a self-study resource by the governance leaders or governing bodies to learn the five governing practices and apply them. These are available at <http://www.lmgforhealth.org/expertise/governing>. You may start with taking some of the governance self-assessments that you will find in the appendices in the Guide for Continuous Governance Enhancement. This will help you assess your governing practices. You may then start with the guide for the governing practice where you feel you need to improve the most. Alternatively, you may start with the guide on cultivating accountability, and then move on to the guides on engaging stakeholders, setting shared strategic direction, stewarding resources, and continuous governance enhancement, in that order. The practices are inter-related, one builds on another. This sequence will allow you to benefit from this attribute of the practices. The learning and its application will be more effective if a structured training is organized using the training handbook relevant for your setting. The guides, handbooks, and other resource materials will support your capacity building as leaders who govern or leaders who manage, and leaders who are dedicated to strengthening the performance and results of health systems in low- and middle-income countries.

The learning continuum comprises a carefully designed learning experience consisting of: general orientation of new governing body members; readings, reflection, and collective self-assessment by the governing body; a three-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered; implementation of a governance enhancement plan and an action plan to improve selected measures of the organization's performance; and presentation of lessons learned and results in a regional

conference; all of this is supported by continuous governance education using the resources available on the LMG website <http://www.lmgforhealth.org/expertise/governing>.

Governance Learning Continuum



The three-day Governance Academy or governance workshop is at the heart of this learning plan. As described in the accompanying training handbooks, there are twelve sessions in the Governance Academy designed to help participants master the contents of the five guides. The sessions are practice-oriented and based on an experiential learning methodology. The handbooks describe specific trainer goals and learning objectives for each session. Course participants are expected to be teams of governance leaders and senior management leaders from similar settings. For example, participants could be senior governance and management leaders from several different hospitals. However, they should be from hospital settings only so that the focus is on applying the practices in a hospital setting. By the end of the course, the teams would have prepared a governance enhancement plan and an action plan to improve two to three strategic measures of their organization’s performance. When they go back to their organizations, senior governance and management leaders work together as a team to consistently apply the five essential governing practices, implement their plans and improve their organization’s governance and performance.

Governance enhancement plan comprises periodically assessing governing practices and continuously trying to improve these practices through regular governance assessments, governance orientation and education, building diversity in the governing body, cultivating essential governance competencies, conducting productive meetings, establishing governance policies, and using governance technologies like dashboard.

The primary purpose of enhancing governance is improving the organizational performance. For this reason, the governance leaders working with the senior management and key stakeholders develop an action plan to improve two to three strategic measures of the organization’s performance. This involves practical application of the governance capabilities of the governing body and also consistent application of the effective governing practices they learned in course of the governance enhancement education. When the governance leaders see their governance decisions translating into higher organizational performance, they are inclined to consistently apply the effective governing practices. A virtuous cycle is set into motion, improved governance leading to better organizational performance, which in turn motivates the governance leaders to continuously enhance their governance.

Governing Practice—Stewarding Resources

Stewardship is the ethical use of common resources in pursuit of financially efficient outcomes. Policy making that is both *ethical* and *efficient* is the defining feature of stewardship. Compiling, disseminating, and applying data on how resources are being used are essential stewardship functions.

The lack of ethical and moral integrity can occur in any area of the health sector. Examples include in the: construction and renovation of facilities; purchase of equipment, supplies, and medicines; education of health professionals; and provision of services by medical personnel and other health workers. A lack of integrity can manifest itself through bribes, kickbacks, poor performance, refusal to uphold institutional policies, absenteeism, informal payments, or theft of public resources.

Corruption in a health system results in higher costs and lower quality of care, affecting the poor the hardest if services become biased towards a society’s elite. Poor women, for example, may not get critical health care services simply because they are unable to pay informal fees. Patients may not receive high-quality care. There is a risk of harm due to substandard medicines and equipment, inappropriate treatment, and inadequate training of personnel. Patients and citizens lose faith and trust in the health system and in the government if health service delivery is riddled with corruption. And, the government loses its legitimacy.

To explore the good governing practice of stewarding resources, you will want to consider the following principles and actions.

GOVERNING PRACTICE—STEWARD RESOURCES

Steward Resources: *Steward resources responsibly.*

<p>Principles underlying the practice</p> <ul style="list-style-type: none"> Financial accountability Development Social responsibility Capacity building Country ownership Ethics Resourcefulness Efficiency Effectiveness 	<p>Governing actions you can take:</p> <ul style="list-style-type: none"> • Mobilize resources to accomplish the organization’s mission and plans. • Protect and wisely deploy the resources entrusted to the governing body to serve stakeholders and beneficiaries. • Collect, analyze, and use information and evidence for making decisions on the use of human, financial, and technical resources. • Develop and implement a strategy for building the health sector’s capacity to absorb resources and deliver services that are of high quality, appropriate to the needs of the population, accessible, affordable, and cost-effective. • Advocate for using resources in a way that maximizes the health and well-being of the public and the organization • Inform the public and create opportunities for them to be included in monitoring and evaluating the way that resources are raised, allocated, and used.
---	---

Stewarding Resources Responsibly

Health sector leaders who govern effectively: (1) define the scope and nature of resources required to implement their organizations' strategic plans; (2) raise the needed resources from diverse sources; and (3) ensure that the resources are carefully used by managers, clinicians, and health workers.

Effective governance requires the careful stewardship of scarce resources (human, technological, and financial). To ensure good stewardship of a health sector organization's resources, the governing body needs to master six imperatives:

1. Wisely raise and use resources
2. Practice ethical and moral integrity
3. Build management capacity
4. Measure performance
5. Use information, evidence, and technology in governance
6. Eradicate corruption



This guide presents a number of activities that may be implemented to achieve each of these six imperatives. A variety of tools and resources to support these activities are provided in the Appendix of the guide. In the following sections of the guide, "you" should be interpreted as you the leader who governs - working with your governing body and the senior management team.

Wisely Raise and Use Resources

Every community's or country's health sector requires access to financial resources to support the provision of services by health workers that protect, promote, or restore the health of the population. Most countries believe that they never have enough resources to do all they would like to address both communicable and non-communicable diseases. Sources of funding can be diverse:

- Budget allocation from the Ministry of Health
- Revenue from public health insurance agencies paid per person or per unit of service delivered
- Donor contracts or grants
- Philanthropy
- User fees charged at the point of service delivery

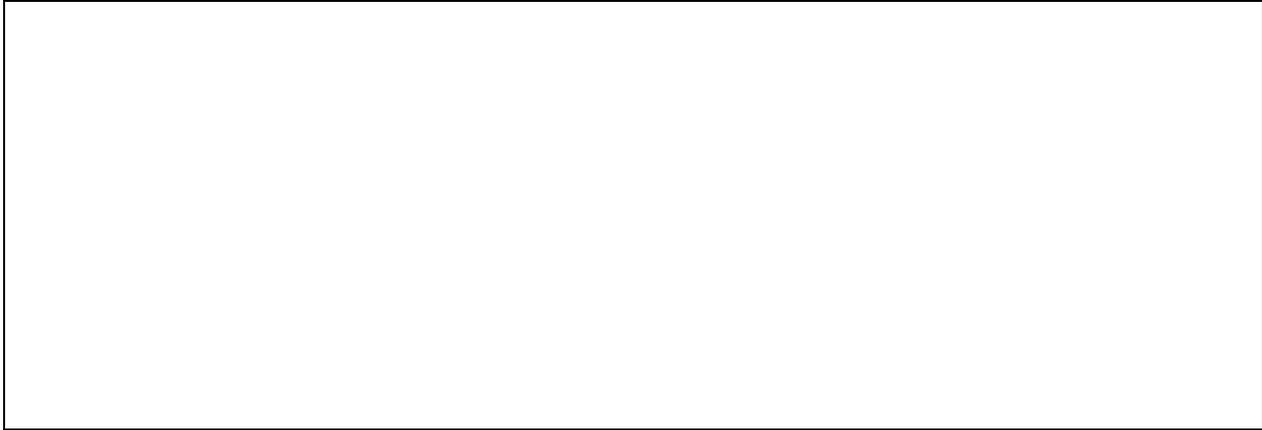
Effective governing body members learn about their organization's historical patterns and trends regarding funding sources, and then determine whether the funds are at sufficient levels and stability to ensure the economic health of the health system or the health service organization.

There are several activities that will help you ensure a stable source and responsible use of resources for your organization. **Of the activities listed below, which are the two or three most important for you to accomplish over the next year?**

1. Mobilize resources to accomplish your organization's mission and plans and the vision and mission of the health ministry.
2. Protect and wisely use the resources entrusted to you to serve the people.
3. Collect, analyze, and use information and evidence for making decisions on the use of human, financial, and technical resources. Use technology to facilitate this decision making.
4. Develop and implement a strategy for building the health sector's capacity to efficiently and effectively use resources and deliver services that are of high quality, affordable, cost-effective, and appropriate to the needs of the population.
5. Use and advocate for using resources in a way that maximizes the health and well-being of the public.
6. Inform the public and create opportunities for them to be included in monitoring and evaluating the way that resources are raised, allocated, and used.
7. Involve the public in monitoring the work of health posts and health facilities, and the delivery of health services.
8. Have a strategic plan and work from it. Update your strategic plan regularly so that it is always a real road map for the next three to five years and so that you can forecast the need for resources and also measure your organization's performance.
9. Focus on things that really make a difference to the health of the people, and exert influence across all sectors for better health outcomes.

Given such key activities

- 1. What obstacles are leaders who govern likely to experience in implementing each activity?**
- 2. How might those obstacles best be removed or reduced by the governing body?**
- 3. What are two or three practical ways to help ensure the successful accomplishment of this activity?**



Practice Ethical and Moral Integrity

Governing bodies need to ask their leaders and managers if the system or organization is receiving good “value for money.” Are the contracts to hire people, purchase pharmaceuticals and supplies, invest in facilities and equipment being established in fair, competitive, and ethical terms?

Performance-based purchasing requires those who govern to work with the organization’s leaders to establish a culture that sees the resources of the organization as being owned by the people served by the organization. As these resources are held in trust on behalf of the people and families of the community, district, province, or country, those who govern need strong ethical and moral integrity.

The following activities are important for your governing body to aspire to, to embrace, and accomplish. **For each category of activities, identify one or two that are the most important in your situation. How can you implement them?**

Act with ethical and moral integrity

1. Involve stakeholders and the public in the oversight of activities of your department or organization.
2. Make policies, practices, expenditures, and performance information open to stakeholder scrutiny.
3. Publish, preferably on the internet, and regularly update information on your budget and performance.
4. Make all stages of plan and budget formulation, execution, and reporting fully accessible to the public and stakeholders.
5. Make information about tender processes publicly available on the internet.
6. Introduce a code of conduct on ethics and whistleblower protections.
7. Take preventive measures to prevent corruption. Prevention is the best strategy.
8. Tighten control systems, such as financial management and procurement systems.
9. Adopt and enforce conflict of interest rules.

Begin with yourself

1. Demonstrate the highest standards of personal integrity, truthfulness, honesty, loyalty, and responsibility in all your activities in order to inspire confidence and trust in your activities.

2. Discharge your duties unselfishly to benefit only the public. Keep your personal interests separate. Work for the people's health, not your own good.
3. Hold paramount the health and welfare of people in the performance of your professional duties.
4. Act with personal and professional integrity.
5. Communicate candidly, honestly, and openly as regards any material facts related to your official duties and activities.
6. Treat others fairly.
7. Strive to achieve the highest standards of performance, service, and excellence.
8. Have the courage to suggest improvements when needed.
9. Keep your promises.
10. Be accurate, fair, and timely in your communications.

Respect

1. Treat others equitably and respectfully in all aspects of your activities.
2. Do not engage in any form of discrimination or harassment.
3. Listen carefully even if others offer perspectives that are different from your own perspectives.
4. Uphold and implement policies adopted by your organization.

Loyalty

1. Be loyal to the mission of your organization.
2. Do not engage in any conduct that would undermine the public's trust in your organization or would tarnish the reputation of the health ministry.
3. Do not engage in any activity or relationship that would create a potential or actual conflict of interest and that would adversely affect your ability to faithfully perform your public service duties.

Gifts

1. Your organization should define its policy for accepting and receiving gifts. Follow it scrupulously.
2. Do not solicit or accept a gift in return for an official act, or accept frequent or expensive gifts such that a reasonable person is likely to conclude the individual is using his or her position for private gain.

Outside Employment

1. Make sure that any outside employment does not interfere with your responsibilities to your organization and does not adversely affect the organization or its mission.
2. Inform your chair of any significant outside activities that might impact your governing responsibilities.

Misuse of Position

1. Do not use your position for personal gain, or for the private gain of any enterprise, friends, family members, or persons with whom you are affiliated.

Vendor Relationships

1. Ensure that the management treats vendors fairly and avoids favoritism, and offers vendors the opportunity on a fair and competitive basis.
2. Refrain from influencing the selection of vendors who are family members or personal friends or are affiliated with you, or are employed by a person with whom you have a relationship that would create a potential or real conflict of interest.

Full Disclosure

1. Make full disclosure of all potential and actual conflicts of interest.
2. When in doubt whether to disclose or not, disclose all potential conflicts of interest.

Financial Oversight Responsibility

1. Manage your organization's resources in a responsible manner maximizing your ability to advance the organization's mission.
2. Ensure that the financial results are reported in an accurate and timely manner.
3. Be an honest and faithful fiduciary and protect the funds entrusted to the organization.
4. Use the resources, equipment, and material of your organization only for the performance of organizational duties.
5. Comply with all limitations on incurring expenses in the course of authorized activities for your organization.
6. Do not seek or receive reimbursement for expenses not incurred.
7. Adopt and implement policy on disclosure of conflict of interest.

Transparency

1. Openly, candidly, and transparently report the results.
2. Provide members of the public who express an interest in the affairs of your organization with a meaningful opportunity to communicate with an appropriate representative.

Governance decision making

1. Govern conscientiously and honestly to advance the mission of your organization.
2. Commit yourself to the mission of your organization, and competently, efficiently, and professionally perform the duties and tasks needed to be performed to advance the organization's mission.
3. Strive for excellence and professionalism in all your activities.
4. Work cooperatively with others when making a decision.
5. Fully and candidly discuss decisions entrusted to you and respect others' viewpoints.
6. Invest in the education and training of your governing body members as a means of ensuring excellence in governance.
7. Be an active listener and learner.

As you consider this long list of activities for ethical practices, please answer the following questions.

- 1. What obstacles are leaders who govern likely to encounter in practicing ethical and moral integrity?**
- 2. How might those obstacles best be removed or reduced by the governing body?**
- 3. What are two or three practical ways to help ensure the successful accomplishment of this activity?**



Build Management Capacity

Management of scarce resources should be undertaken by experienced and effective managers, under the oversight of the governing body. The key practices of managers who lead and manage well (planning, organizing, implementing, monitoring and evaluation) are described in two MSH publications: *Health Systems in Action: An eHandbook for Leaders and Managers* and *Managers Who Lead: A Handbook for Improving Health Services*. These are also described in the Guide for Setting a Shared Strategic Direction. Governing bodies need to invest not only in continuously developing the competencies of managers to perform the essential leading and managing practices, but also in the tools, systems, and working conditions for employees to flourish. As you govern to support management's capacity, there are several activities that can help ensure that the organization's resources are being used wisely. **Which two or three of the following activities (numbered 1 to 7) are the most important in your situation?**

1. Invest in continuing education for the management leadership team, for example through:
 - a. Participation in formal leadership development programs,
 - b. Mentoring from selected governing body members,
 - c. Executive exchange programs with similar organizations in other districts or countries,
 - d. Access to best practices by reading, study tours, and interactions with diverse health workers.
2. Ensure the managers reorient processes towards concrete and measurable results.
3. Ensure the managers focus on monitoring and continuous quality improvement.
4. Ensure the managers develop cost-effective procurement, storage, and distribution solutions for supplies.
5. Strengthen oversight of service delivery and health management processes.
6. Use social accountability mechanisms, such as community scorecards, social audits, and public hearings (see the Appendix of the Guide for Cultivating Accountability for a description of such mechanisms).
7. Pay close attention to the quality of service and care provided by your organization.

1. What are the obstacles leaders who govern are likely to encounter in building management capacity?
2. How might those obstacles be removed or reduced by the governing body?
3. What are two or three practical ways to help ensure the successful accomplishment of this activity?

Measure Performance

The wise stewardship of scarce resources requires that their flow and use be carefully measured and accounted for. Modern, disciplined, accurate, and ethical accounting and bookkeeping are essential to the infrastructure of well-governed health systems. Effective governing body members ask pertinent questions about patterns and trends in the costs and expenditures of their organization. There are several activities that can help ensure the achievement of this essential practice. **Of the following activities (numbered 1 to 4), which are the two or three most important in your situation?**

1. Ensure the managers and health providers
 - a. measure performance,
 - b. involve stakeholders in the measurement of results,
 - c. consider the perspectives of users of health services when measuring results,
 - d. use performance information to improve services, and
 - e. periodically review and revise the performance measures.
2. Build the skills of managers and health providers in selecting and using meaningful measures to support their decision making.
3. Review your governance effectiveness at least annually. Regularly seek information and feedback on your own governance performance. Pause periodically for self-reflection, to diagnose your strengths and limitations, and to examine your mistakes. Measure participation of stakeholders in governance decision making, your gender responsiveness, openness, accountability and integrity, and improvements in health system performance and health service performance.
4. Use measurement results
 - a. for improving use of resources
 - b. for promoting your own accountability and that of your team
 - c. for your communication with the public
 - d. to evaluate, control, budget, motivate, promote, celebrate, learn, and improve.

For each of your top priority activities, address the following three questions:

1. What obstacles are leaders who govern likely to encounter in implementing this activity?
2. How might those obstacles be removed or reduced by the governing body?
3. What are two or three practical ways to help ensure the successful accomplishment of this activity?

Use Information, Evidence, and Technology in Governance

Consider how best to support your organization's managers to use information, evidence and technology for effective utilization of resources. Consider how best to use these to facilitate governance decision making.

Use Information and Evidence

1. Use valid and reliable evidence when making decisions.
2. Use evidence to identify problems, frame solutions, and decide how solutions will be implemented.
3. Engage your stakeholders in evidence-informed decision making.
4. Build capacity of staff to find and use appropriate evidence.
5. Use technology to manage information and gather evidence.

Use Technology

1. Use data generated or transmitted via mobile phones and modern information and communication technologies for stewardship of resources.
2. Use mobile phones and eHealth strategies to rapidly collect data and evidence for evaluation purposes. Use modern technology for knowledge exchange and capacity development.
3. Use mobile phones and eHealth strategies to assess and improve access to health services for your organization's hard-to-reach populations.
4. Involve citizens in the monitoring of health services, such as reporting using mobile phones on the availability of medicines and vaccines, stock-outs, waiting time at clinics, health worker payments, functionality of equipment, etc.
5. Use eProcurement to publish contract and procurement opportunities for goods and services.

What two or three steps could you take to promote use of data, information, evidence, and technology to facilitate governance decision making around the wise use of scarce resources?



Eradicate Corruption

Corruption is the improper use of resources for personal gain or in such a way that the achievement of the organization's mission is compromised or jeopardized. Corruption unfortunately exists in the health sector of all nations. Good governance does not hide from this painful reality. Studies show that there are many causes and solutions for corruption.

Kickbacks and bribes, non-transparent tender and procurement processes, theft of drugs, supplies and money, diversion of medicines and supplies from public facilities for resale at private facilities, abuse of public facility space, private use of time on duty and resources (for example, vehicles), and absenteeism are the common expressions of corruption in the health sector. Expressions of corruption vary and can be blatant corruption like taking bribes, to things that might be more subtle like helping a relative get a job.

Governing body members must ensure that they do not behave in unethical and illegal ways and should take any necessary actions to protect the organization from all forms of corruption.

There are several activities listed below that can help mitigate the negative impact of corruption. **Which two or three activities are the most important to eradicate corruption in your organization?** (In addition to these activities, please see related materials in the Appendix.)

Interventions to reduce corruption

(Source: Personal Communication with Professor Taryn Vian, 2013)

Ethics and Compliance Initiatives

1. Ethics or compliance officer
2. Code of conduct for governing body members and staff; ethics policy
3. Ethics training for governing body members and staff
4. Internal whistleblowing or ethics reporting mechanism
5. Public statements by senior management
6. Risk assessments
7. Incentives for a well-designed compliance program

Human Resources Management

1. Employee performance appraisal system

2. Changes to civil service to allow for prompt disciplinary action
3. Performance-based payment
4. Merit-based hiring and promotion system

Pharmaceuticals Sector

1. Reforms to the drug inspection process (pay inspectors well, rotate inspectors)
2. Legal reforms to the drug registration system
3. Transparency in procedures and decisions for drug registration (posting on web sites, etc.)
4. Transparency in procedures and decisions for procurement
5. Contract out drug storage and distribution to the private sector (where there are incentives not to steal drugs)
6. Invest in security systems and ways to track stolen medicines
7. mHealth technology to monitor stock-outs and correlate with spending on pharmaceuticals (detect anomalies)
8. Hospital-based systems to reduce theft by employees
9. Impose serious penalties for breach of ethical and legal standards

Participation of Civil Society

1. Social audit initiatives (citizen report cards)
2. Citizen complaint offices (with trained legal counselors who can solve a problem)
3. Support watchdog or regulatory organizations (to analyze government performance, share data, etc.)
4. Citizen participation in governance structures (boards, public committees)
5. Civic training (teach people how to write a letter of complaint, etc.)
6. Satisfaction surveys (measure dissatisfaction and perceptions of corruption)
7. Media training (develop investigative journalism capacity, training in health policy for journalists, how to access public data)

Financial

1. Electronic cash registers (give itemized receipts, reconcile quickly with cash count, measure performance of individual fee collectors/locations)
2. Video surveillance of areas where cash transactions take place
3. Train auditors and financial staff; increase quality and frequency of audits
4. Strengthen computerized accounting systems (including automatic payments of per diems into bank accounts of employees)
5. Initiatives to reduce informal payments by paying staff well while at the same time increasing detection and punishment
6. Voucher programs (to reduce informal payments)

Crime Fighting

1. Situational crime prevention, which looks to “alter the immediate situation so as to create less favorable settings for crime thereby altering the decisions which precede crime commission” (increase the effort it takes, reduce rewards, reduce provocations, etc.)
2. Collaborate with other ministries and agencies (police, customs, anti-corruption agencies, finance)

Good Practices

(Source: UNDP. 2011. *Fighting Corruption in the Health Sector Methods, Tools and Good Practices*. New York, NY.)

1. Health policy goals should include anti-corruption considerations.
2. There is no “one size fits all” approach to combating corruption in the health sector.
3. More than one anti-corruption intervention should be employed to deal with one risk.
4. Prioritization is essential: based on evidence, governments and others involved in health services and programming should prioritize areas of the health system that are most susceptible to corruption and implement appropriate interventions.
5. It is important to work with other sectors.
6. Prevention is the best strategy: therefore, it is best not to wait for corruption to happen before beginning to deal with it.
7. Numerous empirical diagnostic tools should be employed.
8. Partners with experience in implementing anti-corruption strategies and tactics should be identified for technical support.
9. Broad stakeholder participation in health policy and planning is helpful.
10. Good behavior should be rewarded, and bad behavior punished.

What two or three steps could your governing body take to eradicate corruption in your organization?

Appendix

Eight Reasons to Measure Performance

to evaluate	to control	to budget	to motivate	to promote	to celebrate	to learn	to improve
-------------	------------	-----------	-------------	------------	--------------	----------	------------

How performance measurement can be used to improve the stewardship of resources:

Purpose	Question That the Performance Measure Can Help Answer	Type of Performance Measure Used
Evaluate	How well is my organization performing?	Outcomes, combined with inputs and the effects of external factors
Control	How can I ensure that my organization's managers are doing the right thing?	Inputs that can be regulated
Budget	On what programs or projects should my organization spend money?	Efficiency measures (outcomes or outputs divided by inputs)
Motivate	How can I motivate my organization's managers, and health workers to do the things necessary to improve performance?	Outputs compared with targets
Promote	How can I convince stakeholders that my organization is doing a good job?	Easily understood aspects of performance about which stakeholders care
Celebrate	What successful accomplishments are worthy of celebrating?	Performance targets that, when achieved, provide your organization's staff with a sense of personal and collective accomplishment
Learn	Why is something working or not working?	Disaggregated data that can reveal deviancies from the expected
Improve	What exactly should we do differently to improve my organization's performance?	Relationships that connect changes in operations to changes in outputs and outcomes

(Source: Adapted from Behn, R. 2003. "Why Measure Performance? Different Purposes Require Different Measures." *Public Administration Review*. 63 (5): 586-606.)

The development of measurement systems helps establish a performance-based culture in the public and private sectors. Performance measurement also helps promote accountability. Performance measures help you communicate better with the public, to build public trust. Improving accountability and increasing communications with the public have the potential to improve programs, thereby leading to better health outcomes.

What is Evidence-informed Public Health?

Stages of Evidence-informed Public Health

1.	Define	Clearly define the problem
2.	Search	Efficiently search for research evidence
3.	Appraise	Critically and efficiently appraise the research sources
4.	Synthesize	Interpret and formulate recommendations for practice based on the literature found
5.	Adapt	Adapt the information to a local context
6.	Implement	Decide whether and plan how to implement the adapted evidence into practice or policy
7.	Evaluate	Evaluate the effectiveness of implementation efforts

(Source: Adapted from National Collaborating Centre for Methods and Tools at McMaster University <http://www.nccmt.ca/eiph/index-eng.html>)

Examples of Evidence Considered in Decision Making in Public Health

Sources of Evidence	Examples of Evidence for Consideration
Evidence from research	The most relevant, high-quality qualitative or quantitative evidence available Research findings from a variety of disciplines and sectors relevant to public health
Evidence about the frequency, causes, and modifying factors of local community health issues	Surveillance data and community health status reports to determine the magnitude of the health issue in the local setting
Evidence from people about community and political preferences and actions	Evidence from people about community and political preferences and actions Needs and interests of community members Support or opposition from the public or government officials Current political climate (local, regional, provincial, federal) Current organizational climate
Evidence from various governments	Financial resources Human resources (personnel/staffing, administrative support, support from management) Materials (workspace, computers, supplies)

(Source: National Collaborating Centre for Methods and Tools. (2012). *A Model for Evidence-Informed Decision-Making in Public Health*. [fact sheet]. http://www.nccmt.ca/pubs/FactSheet_EIDM_EN_WEB.pdf.)

How Do You Measure Efficiency?

Health care outputs are mainly measured by the number of medical treatments and activities (e.g., surgical procedures and doctor consultations), adjusted when possible for their quality. Output efficiency is measured in terms cost per output. Individual medical outputs may be produced efficiently, but still have only a very limited impact on the health status of the population if they are not allocated in an optimal combination.

Outcomes are defined as those gains in the population's health status that can be attributed to health care spending. Outcome measures consist mainly of mortality and longevity indicators or disability-adjusted life years saved. Outcome efficiency is measured in terms cost per outcome. This approach is challenging because it requires disentangling the impact of health care from other factors (e.g., socio-economic environment and lifestyle) on the health status.

There are three alternative approaches to measuring efficiency in the health sector: ordinary least squares regression analysis; data envelopment analysis (a technique particularly appropriate when multiple outputs are produced from multiple inputs); and stochastic frontier analysis have been used to determine the contribution of health care or health spending and other determinants to the health status of the population.

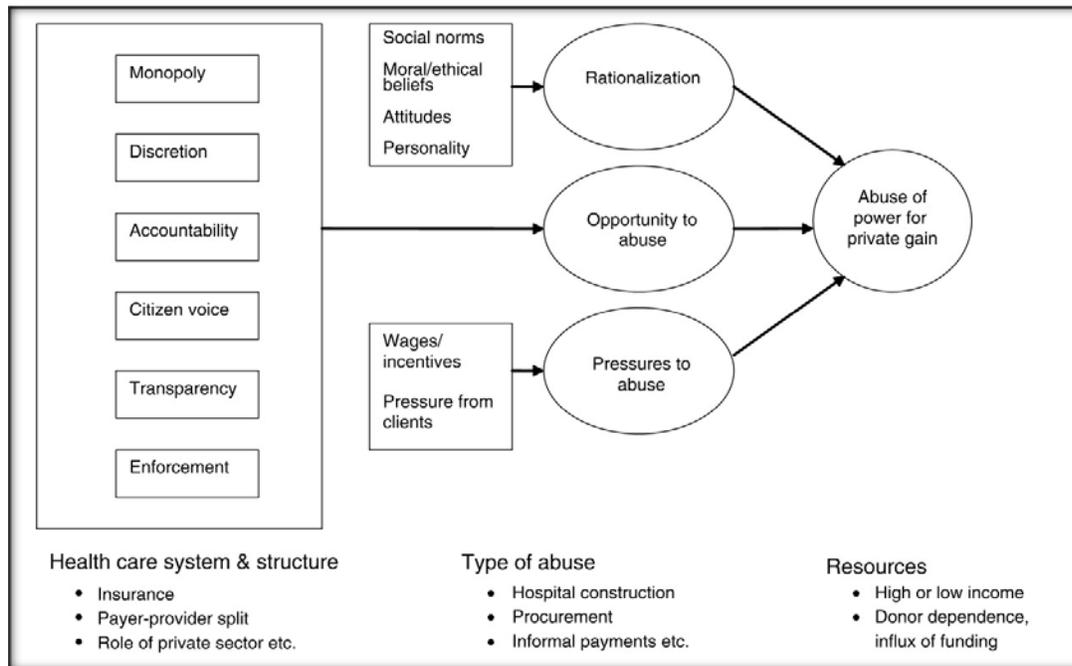
(Source: Joumard , I., Andre, C., and Nicq, C. 2010. "Health Care Systems: Efficiency and Institutions." *OECD Economics Department Working Papers*, No. 769, OECD Publishing.)

How Do You Measure Sustainability?

The concept and definition of sustainability are constantly evolving. There is a general lack of sustainability outcomes and determinants. USAID Nepal has used a method for sustainability assessment comprising the following six components of evaluation, measured at project outset and periodically afterwards: (1) Health outcomes, (2) Characteristics of health services (quality, accessibility, and equity), (3) Institutional capacity of local government or civil society agencies with long-term responsibility for the outcomes, (4) Viability of these agencies for continued operation in service of the outcomes, (5) Capacity of beneficiary communities, and (6) Socio-ecological conditions enabling the work of the local agencies.

(Source: Sarriot E; Ricca J; Ryan L; Basnet J; Arscott-Mills S. Measuring sustainability as a programming tool for health sector investments: report from a pilot sustainability assessment in five Nepalese health districts. *The International Journal Of Health Planning And Management*. 2009. Vol. 24 (4), pp. 326-50.)

Framework of Corruption in the Health Sector



(Source: Vian, T. 2008. "Review of Corruption in the Health Sector: Theory, Methods and Interventions." *Health Policy and Planning* 23(2):83–94.)

Vian (2008) has presented a theoretical framework to guide policy makers in examining corruption in the health sector and identifying possible ways to intervene by increasing accountability, transparency, citizen voice, detection and enforcement, and controlling discretion and reducing monopoly power. In this framework, corruption is driven by three main forces: government agents who abuse public power and position for private gain do so because: they feel pressured to abuse (financially or by clients); they are able to rationalize their behavior or feel justified (attitudes and social norms support their decision); and they have the opportunity to abuse power.

How Do You Measure Corruption?

Corruption can be measured through quantitative surveys and qualitative methods (see the tables below). The surveys are broadly of two types: the first category is surveys of subjective perceptions of experts, professionals, representatives of private sector or civil society organizations or the general public, and the second category is surveys of objective information on expenditures. It is necessary to combine approaches and employ multiple sources of quantitative data, qualitative narrative analysis, and real-life case studies. No single data source or tool offers a definitive measurement. Moreover, measurement has a cost and hence it should be aimed at collecting actionable information.

The three main types of corruption indicators are perception-based indicators and experience-based indicators, indicators based on a single data source and composite indicators, and proxy indicators. Perception-based indicators are among the most frequently used measurement tools. They rely on the subjective opinions and perceptions of levels of corruption in a given country among experts and citizens. Experience-based indicators attempt to measure actual personal experience with corruption. Experience-based measurement tools ask citizens if they have been asked to give a bribe, or if they have voluntarily offered something to an official.

Data Collection and Analysis

Approach	Description	Benefits	Weaknesses
Corruption perception surveys	Surveys of perceptions about corruption, citizens in general, or particular classes of health workers. Examples: World Bank Corruption Perception Surveys, Transparency International's <i>Corruption Perceptions Index</i> , Freedom House's <i>Freedom in the World Survey</i>	<ul style="list-style-type: none"> Highlights areas of concern Establishes baseline and allows monitoring of changes over time Asking different health workers about the same problem can illuminate issues Provides public information for external accountability 	<ul style="list-style-type: none"> Current debate on best methodology, and how results may be affected by local understanding of terms Perceived behavior may differ from actual behavior
Household and public expenditure surveys	Household surveys measure expenditures, including health care and informal payments. Public expenditure analysis can identify leakages in flows of public funds between levels of government. Examples: World Bank Living Standards Measurement Surveys; Public Expenditure Tracking Surveys	<ul style="list-style-type: none"> Provides detail on household health spending by income and region, formal or informal Data can be compared with goals to provide measures of accountability, e.g., amounts paid for allegedly free services, percentage of government spending actually reaching service delivery points 	<ul style="list-style-type: none"> Existing data sets may not have asked questions in ways that allow one to distinguish between formal and informal payments Public expenditure tracking surveys depend on public records, which may be patchy

Approach	Description	Benefits	Weaknesses
Qualitative data collection	Qualitative data collection through in-depth interviews and focus groups, to determine areas of concern	Provides details on attitudes, norms, beliefs, pressures Helps to define terms, clarify the “how” of corrupt acts, inform development of perceptions surveys Allows for follow-up	Social desirability bias or reticence may influence results To get full cross-cultural meaning requires careful attention to translation and training of research staff

(Source: Vian, 2008.)

How to Identify, Track and Measure Corruption Risks and Corruption

Area	Issue	Tools to identify and track problems
General	Cross-cutting	<ul style="list-style-type: none"> ● Vulnerability to corruption assessments ● Value chain analysis ● Sectoral accountability assessment ● Analysis of governance in health care systems
Budget And Resource Management	Budget processes	<ul style="list-style-type: none"> ● Public Expenditure and Financial Accountability indicators ● Focus groups and interviews with public officials, recipient institutions, and civil society
	Payroll leakages	<ul style="list-style-type: none"> ● Public expenditure tracking surveys and reviews ● Household surveys ● Focus groups with public officials and health workers
	In-kind leakages	<ul style="list-style-type: none"> ● Public expenditure tracking surveys ● Quantitative service delivery surveys ● Facility surveys ● Focus groups with public officials, recipient institutions, and health workers
Individual Providers	Job purchasing	<ul style="list-style-type: none"> ● Official administrative records combined with facility surveys ● Interviews with public officials and former officials ● Governance and anti-corruption country diagnostic surveys
	Health worker absenteeism	<ul style="list-style-type: none"> ● Quantitative service delivery surveys ● Surprise visits ● Direct observation ● Facility records ● Focus groups or interviews with facility heads and patients
Informal Payments	Informal payments	<ul style="list-style-type: none"> ● Household surveys (e.g., World Bank living standards measurement surveys and demographic and health surveys) ● Facility exit surveys and score cards ● Focus groups/interviews with providers/patients and health staff ● Governance and anti-corruption country diagnostic surveys (World Bank)

Area	Issue	Tools to identify and track problems
Corruption Perceptions & Experience	Perceptions of Corruption	<ul style="list-style-type: none"> ●Governance and anti-corruption country diagnostic surveys (World Bank) ●National level perception surveys by civil society organizations and others
	Experience with corruption	<ul style="list-style-type: none"> ●AfroBarometer, LatinBarometer, EuroBarometer, national experience-based surveys ●Patient satisfaction surveys and report cards ●Focus group surveys /studies

(Source: Hussmann, K. 2011. "Addressing corruption in the health sector: Securing equitable access to health care for everyone." U4 Issue 2011(1). Chr. Michelsen Institute. U4 Anti-Corruption Resource Centre.)

References and Resources

Ethical and Moral Integrity

1. Vian, T. 2008. "Review of Corruption in the Health Sector: Theory, Methods and Interventions." *Health Policy and Planning* 23(2):83–94. Available at <http://heapol.oxfordjournals.org/content/23/2/83.full.pdf> (accessed February 2013).
2. World Health Organization (WHO). n.d. Good Governance for Medicines, <http://www.who.int/medicines/areas/policy/goodgovernance/en/> (accessed February 2013).
3. Global Fund to Fight AIDS, Tuberculosis and Malaria. n.d. The Global Fund offers governance resources, including policies on ethics and conflict of interest, whistle blowing, and more. Available at <http://www.theglobalfund.org/en/library/documents> (accessed March 2013).
4. United Nations Development Programme (UNDP). 2011. *Fighting Corruption in the Health Sector Methods, Tools and Good Practices*. UNDP, New York. <http://www.undp.org.tt/news/UNODC/Anticorruption%20Methods%20and%20Tools%20in%20Health%20Lo%20Res%20final.pdf>.
5. UNDP. 2008. *A User's Guide to Measuring Corruption*. UNDP, New York. http://www.undp.org/content/dam/aplaws/publication/en/publications/democratic-governance/dg-publications-for-website/a-users-guide-to-measuring-corruption/users_guide_measuring_corruption.pdf.
6. Transparency International. 2006. *Handbook for Curbing Corruption in Public Procurement*. Transparency International, Berlin. http://www.transparency.org/whatwedo/pub/handbook_for_curbing_corruption_in_public_procurement.
7. Transparency International. 2009. *The Integrity Pact: A powerful tool for clean bidding*. Transparency International, Berlin. http://www.transparency.org/files/content/tool/IntegrityPacts_Brochure_EN.pdf
8. Diack, A., et al., 2010. *Assessment of Governance and Corruption in the Pharmaceutical Sector – Lessons learned from Low and Middle Income Countries*. World Bank, Washington, DC. <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/PharmGovernanceGuidanceNote.pdf>
9. Medicines Transparency Alliance (MeTA) Toolbox available at: <http://www.medicinestransparency.org/meta-toolbox/>
10. Hussmann, K. 2011. "Addressing corruption in the health sector: Securing equitable access to health care for everyone." U4 Issue 2011(1). Chr. Michelsen Institute. U4 Anti-Corruption Resource Centre.

Pursuit of Efficiency and Sustainability

1. Management Sciences for Health (MSH.) n.d. Cost Revenue Analysis Tool (CORE) Plus. Cambridge, MA. Available at <http://www.msh.org/resource-center/core-plus.cfm> (accessed February 2013).
2. US Agency for International Development (USAID) and World Health Organization (WHO). n.d. Human Resources for Health Planning and Budgeting Framework. Available at <http://www.capacityproject.org/framework> (accessed February 2013).
3. UK National Institute for Health and Clinical Excellence. n.d. Implementation tools available at http://www.nice.org.uk/usingguidance/implementationtools/implementation_tools.jsp.

4. Joumard , I., Andre, C., and Nicq, C. 2010. "Health Care Systems: Efficiency and Institutions." *OECD Economics Department Working Papers*, No. 769, OECD Publishing.
<http://dx.doi.org/10.1787/5kmfp51f5f9t-en>.
5. Sarriot, E., Ricca,J., Ryan, L., Basnet, J., Arscott-Mills, S. 2009. "Measuring sustainability as a programming tool for health sector investments: report from a pilot sustainability assessment in five Nepalese health districts." *The International Journal of Health Planning And Management*. 24(4):326-50. <http://www.ncbi.nlm.nih.gov/pubmed/19946943>.

Performance Measurement

1. Mikkelsen-Lopez, I., Wyss, K. and Savigny, D. 2011. "An Approach to Addressing Governance from a Health System Framework Perspective." *BMC International Health and Human Rights* 11:13. Available at <http://www.biomedcentral.com/1472-698X/11/13> (accessed February 2013).
2. Health Systems 20/20. 2012. *The Health System Assessment Approach: A How-To Manual*. Version 2.0. Available at <http://www.healthsystems2020.org/content/resource/detail/528/> (accessed March 2013).
3. Balanced Scorecard Institute. n.d. The institute offers a number of governance resources on its website,
<http://www.balancedscorecard.org/BSCResources/AbouttheBalancedScorecard/tabid/55/Default.aspx> (accessed February 2013).
4. Siddiqi, S., Masud, T. I., Nishtar, S., Peters, D. H., Sabri, B., Bile, K. M., & Jama, M. A. 2009. Framework for assessing governance of the health system in developing countries: Gateway to good governance." *Health Policy*, 90(1), 13-25. doi:10.1016/j.healthpol.2008.08.005 available at www.kit.nl/kit/Framework-for-assessing-governance
5. Kruk, M. E., & Freedman, L. P. 2008. "Assessing health system performance in developing countries: A review of the literature." *Health Policy*, 85(3), 263-276. doi:10.1016/j.healthpol.2007.09.003 available at <http://www.ppmrn.net/storage/ppmrn/Margaret%20Elizabeth%20Kruk%20Lynn%20P.%20Freedman.pdf>
6. Behn, R. 2003. "Why Measure Performance? Different Purposes Require Different Measures." *Public Administration Review*. 63 (5): 586-606.
http://www.coe.int/t/dghl/cooperation/cepej/thematiques/Measuring_perf/Why_measure_performance_stawa_en.pdf.

Use of Information and Evidence

1. Lavis, J. N., Oxman, A.D., Lewin, S. and Fretheim, A. 2009. "SUPPORT Tools for Evidence-Informed Health Policymaking (SUPPORT Tools for evidence-informed health Policymaking)." *Health Research Policy and Systems* 7 (Suppl 1):11. Available at <http://www.health-policy-systems.com/content/pdf/1478-4505-7-S1-I1.pdf> (accessed March 2013).
2. Cochrane Collaboration. n.d. The Cochrane Collaboration is a global network that seeks to improve health care decision making through the preparation and updating of systematic reviews of the effects of health care interventions. Available at <http://cochrane.org/> (accessed March 2013).
3. Health-evidence. n.d. Based at McMaster University, this is a free, searchable online registry of systematic reviews on the effectiveness of public health and health promotion interventions. Available at <http://health-evidence.ca/> (accessed March 2013).

4. McMaster Health Forum. n.d. McMaster Health Forum and its partners host, Health Systems Evidence, is a free site for evidence and a continuously updated repository of syntheses of research about governance and implementation strategies that can support change in health systems. Available at <http://www.mcmasterhealthforum.org/healthsystemsevidence-en> (accessed March 2013).
5. National Collaborating Centre for Methods and Tools (NCCMT). n.d. The NCCMT website offers numerous governance resources and methods and tools for using evidence. Available at <http://www.nccmt.ca/registry/browse/all/1/view-eng.html> (accessed March 2013).
6. Database of SUPPORT Summaries (information about potentially effective interventions to improve maternal and child health, and interventions to improve health systems) available at <http://www.iecs.org.ar/support/iecs-visor-publicaciones.php>

Use of Technology for Governing

1. K4H (Knowledge for Health)'s mHealth resources can be accessed from <http://www.k4health.org/topics/mobile-technologies-health-mhealth>. K4Health is building a new website to provide easy access to all of their mHealth tools and resources.
2. WHO. 2011. *mHealth: New horizons for health through mobile technologies: second global survey on eHealth*. WHO, Geneva. http://whqlibdoc.who.int/publications/2011/9789241564250_eng.pdf.
3. Maurice Mars, M. MD and Seebregts, C. PhD. Undated. "Country Case Study for eHealth: South Africa." <https://www.k4health.org/sites/default/files/County%20Case%20Study%20for%20eHealth%20South%20Africa.pdf>.
4. National eHealth Strategy Toolkit developed by the World Health Organization and the International Telecommunication Union to provide governments, ministries and their stakeholders with a method for the development and implementation of a national eHealth vision, action plan and monitoring framework can be accessed from http://www.itu.int/pub/D-STR-E_HEALTH.05-2012.



Continuous Governance Enhancement

for Health Systems Strengthening

Series of Guides for Enhanced Governance of
the Health Sector and Health Institutions in Low-
and Middle-Income Countries

June 2014



Funding was provided by the United States Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-11-00015. The contents are the responsibility of the Leadership, Management, and Governance Project and do not necessarily reflect the views of USAID or the United States Government.

Table of contents

ACKNOWLEDGEMENTS	3
INTRODUCTION	4
PURPOSE AND AUDIENCE FOR THE GUIDES	6
GOVERNING PRACTICE—ASSESSING AND IMPROVING GOVERNANCE	8
Cultivate Governance Competencies	9
Build Diversity in the Governing Body	10
Governance Orientation and Education	11
Governance Assessments	14
Effective Governing Body Meetings	15
Governance Policies	16
Governance Technologies	17
Continuous Governance Enhancement	20
APPENDICES	22
Appendix 1: Measure Gender Responsiveness of Your Decision	22
Appendix 2: Self-Assessment Tool for the Governance Subcommittee	25
Appendix 3: Self-Assessment Tool for the Chair	26
Appendix 4: Self-Assessment Tools for Individual Leaders or Individual Members Who Govern	28
Appendix 5: Two Sample Provincial Health Governing Body Performance Assessment Tools	35
A. Overall health governance self-assessment tool	35
B. Health governance standards-based self-assessment tool for a provincial governing body	37
Appendix 6: Sample Agenda for a Governing Body Self-Assessment and Improvement Retreat	40
Appendix 7: Sample Format for a Governance Enhancement Plan	41
Appendix 8: Measuring Governance	42
Appendix 9: Measuring Participation	43
Appendix 10: Measuring Openness, Accountability, and Integrity	44
REFERENCES AND RESOURCES	46

Acknowledgements

This work was funded by the United States Agency for International Development (USAID) through the Leadership, Management, and Governance (LMG) Project. The LMG Project team thanks the staff of the USAID Office of Population and Reproductive Health, in particular, the LMG Project Agreement Officer's Representative and her team for their constant encouragement and support.

The guides and accompanying handbooks on governance represent the collective effort and input of many experts in public health leadership, management, and governance. The LMG Project would like to acknowledge the individuals who have made these materials possible.

We would like to thank members of the LMG Project team for their dedication to the learning opportunity that these materials provide. Dr. Mahesh Shukla, Senior Technical Advisor on Governance, and Dr. James A. Rice, Project Director, have been instrumental in creating and shaping the guides and handbooks on governance. Ummuro Adano, Lourdes de la Peza, Stephanie Calves, and Sarah Johnson served as internal reviewers and their suggestions have been very useful. The support of Xavier Alterescu, Megan Kearns, Laura Lartigue, Jeremy Malhotra, Elizabeth Walsh, Dana Bos, and Alison Ellis has been critical to the completion of the materials.

LMG would also like to thank other colleagues at Management Sciences for Health (MSH), specifically Karen Chio and Sharon May, for their instructional design review and inputs. A special thanks to MSH Ethiopia for giving us an opportunity to pilot test the governance guides and handbooks and for providing essential feedback on their practical application.

The LMG Project team thanks the hundreds of leaders, managers, and people who govern the health sector and health institutions in low- and middle-income countries, who spent substantial time participating in our surveys and interviews in 2012. The five effective governing practices were identified based on insights they shared during these inquiries. Special thanks are extended to the three Provincial Public Health Coordination Committees and eleven District Health Coordination Committees in Afghanistan who pilot tested the five governing practices, and found that the health system governance and antenatal care visit rate in their provinces had improved as a result.

Finally, LMG would like to thank all of the individuals and organizations striving to improve health sector governance all over the world. We hope the governance guides and accompanying handbooks will serve as valuable resources for the continued support of good governance.

Introduction

Thank you for all that you do to improve the performance of your health system. Good governing practices not only enable you to achieve more significant results in your work but also more sustainable results. Governance in the context of health has come into sharper focus over the past decade. It is one of the essential factors in the pursuit of stronger health systems and greater health impact. There is an emerging body of evidence that shows that effective governance improves health outcomes. Conversely, poor governance overall, and especially in the health sector, contributes to poor health outcomes. It undermines the vitality of a health system, making it less effective, less efficient, less equitable, and less responsive to the people it is intended to serve.

Governance is a collective process of making decisions to ensure continuous vitality and performance of organizations or health systems. Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and ensuring that the strategic goals and objectives are accomplished. Governance for health is governance done with the objective of protecting and promoting the health of the people served by a public or private organization.

(Source: Management Sciences for Health, “How to Govern the Health Sector and Its Institutions Effectively,” *The eManager*, No. 1, 2013)

Studies, roundtable discussions, and fieldwork done by the Leadership, Management, and Governance (LMG) Project¹ funded by the US Agency for International Development defined five governing practices as essential to the effective functioning of governing bodies:

- Cultivating accountability
- Engaging stakeholders
- Setting a shared strategic direction
- Stewarding resources
- Assessing and enhancing governance

The LMG Project developed this series of guides and the accompanying training handbooks to help you operationalize each of the five governing practices in your organization. You will have an opportunity to use (1) guides that explain each of the five practices; (2) training handbooks that support and prepare you to apply the governing practices described in the guides, and (3) a series of reading materials, case studies, tools, and resources.

We hope you will find the materials and the training course based on them useful and, as a result of investing your time in the course, that you will be more comfortable, confident, and competent in your governing role. As governance leaders or members of governing bodies, using these guides you will be able to apply the five effective governing practices in your organization, and improve your governance performance and in turn, your organization’s performance. Training course based on these guides will make the learning of the five governing practices more effective and the course will enable you to develop and implement a governance enhancement plan for your organization. The

¹ The LMG Project is implemented by a consortium of six partner organizations: Management Sciences for Health, African Medical and Research Foundation, Medic Mobile, International Planned Parenthood Federation, Johns Hopkins University Bloomberg School of Public Health, and Yale University Global Health Leadership Institute. You may visit us at www.lmgforhealth.org.

course uses the five guides as required readings for the participants. We have also developed a separate training facilitator's handbook to help the facilitators deliver the governance enhancement training in a structured way and with maximum effectiveness.

Purpose and Audience for the Guides

The series consists of five guides on effective governance of the health sector and health institutions:

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

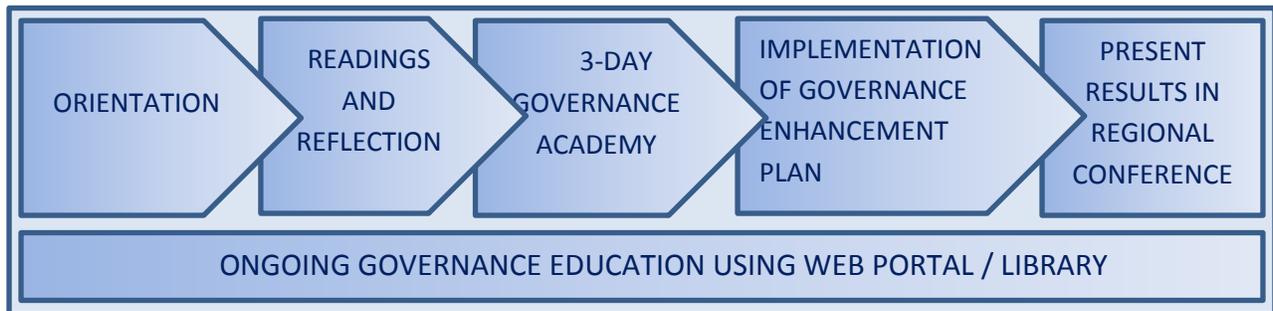
The primary users of these guides are the teams of leaders who govern and leaders who manage the health sector and health institutions in low- and middle-income countries. As senior health leaders, the guides are designed to help you implement the five essential governing practices in your organization. The contents of these guides are applicable to the public sector or government organizations and to not-for-profit or nongovernmental organizations (NGO) or civil society organizations. The guides are also applicable at all levels of the health system: national, provincial, district, or community level as well as at the institutional, organizational or health facility level. For example, the Minister or Permanent Secretary or Director of a department in the Ministry of Health and her/his senior leadership team will find the guides and the training course based on these guides useful. The Director or Head of a provincial health department or a district health office or a hospital or a health center and her/his colleagues in the governing body will likewise benefit. Using these materials, members of governing bodies that direct provincial health systems, district health systems, hospitals, and health centers in public and not-for-profit sectors will be able to adapt effective governing practices to their own settings, apply them, improve their governance and, in turn, the performance of their organizations.

To facilitate the structured delivery of the content of the five guides, training handbooks have been developed to accompany the guides and to be used by the training facilitators. The handbooks are designed as the training facilitator's tool and the training facilitator's resource for your capacity building as governance leaders (leaders who govern) or management leaders who support good governing practices. Separate training handbooks have been developed for the training of the governance leaders or governing bodies of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers.

The guides can be used as a self-study resource by the governance leaders or governing bodies to learn the five governing practices and apply them. These are available at <http://www.lmgforhealth.org/expertise/governing>. You may start with taking some of the governance self-assessments that you will find in the appendices in the Guide for Continuous Governance Enhancement. This will help you assess your governing practices. You may then start with the guide for the governing practice where you feel you need to improve the most. Alternatively, you may start with the guide on cultivating accountability, and then move on to the guides on engaging stakeholders, setting shared strategic direction, stewarding resources, and continuous governance enhancement, in that order. The practices are inter-related, one builds on another. This sequence will allow you to benefit from this attribute of the practices. The learning and its application will be more effective if a structured training is organized using the training handbook relevant for your setting. The guides, handbooks, and other resource materials will support your capacity building as leaders who govern or leaders who manage, and leaders who are dedicated to strengthening the performance and results of health systems in low- and middle-income countries.

The learning continuum comprises a carefully designed learning experience consisting of: general orientation of new governing body members; readings, reflection, and collective self-assessment by the governing body; a three-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered; implementation of a governance enhancement plan and an action plan to improve selected measures of the organization’s performance; and presentation of lessons learned and results in a regional conference; all of this is supported by continuous governance education using the resources available on the LMG website <http://www.lmgforhealth.org/expertise/governing>.

Governance Learning Continuum



The three-day Governance Academy or governance workshop is at the heart of this learning plan. As described in the accompanying training handbooks, there are twelve sessions in the Governance Academy designed to help participants master the contents of the five guides. The sessions are practice-oriented and based on an experiential learning methodology. The handbooks describe specific trainer goals and learning objectives for each session. Course participants are expected to be teams of governance leaders and senior management leaders from similar settings. For example, participants could be senior governance and management leaders from several different hospitals. However, they should be from hospital settings only so that the focus is on applying the practices in a hospital setting. By the end of the course, the teams would have prepared a governance enhancement plan and an action plan to improve two to three strategic measures of their organization’s performance. When they go back to their organizations, senior governance and management leaders work together as a team to consistently apply the five essential governing practices, implement their plans and improve their organization’s governance and performance.

Governance enhancement plan comprises periodically assessing governing practices and continuously trying to improve these practices through regular governance assessments, governance orientation and education, building diversity in the governing body, cultivating essential governance competencies, conducting productive meetings, establishing governance policies, and using governance technologies like dashboard.

The primary purpose of enhancing governance is improving the organizational performance. For this reason, the governance leaders working with the senior management and key stakeholders develop an action plan to improve two to three strategic measures of the organization’s performance. This involves practical application of the governance capabilities of the governing body and also consistent application of the effective governing practices they learned in course of the governance enhancement education. When the governance leaders see their governance decisions translating into higher organizational

performance, they are inclined to consistently apply the effective governing practices. A virtuous cycle is set into motion, improved governance leading to better organizational performance, which in turn motivates the governance leaders to continuously enhance their governance.

Governing Practice—Assessing and Improving Governance

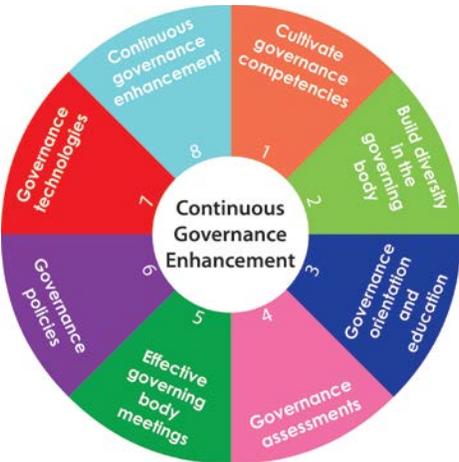
This guide will help you understand how your governing body’s governance can be periodically assessed, and the results used to continuously enhance and improve governance and also health system performance.

Continuous Governance Enhancement

Good governance is not static. It is dynamic, always seeking ways to improve the performance of the four essential practices described in the other guides. Those who govern must make an individual and a collective commitment to continuously enhance the strategies, structures, and style of the governing practices. Work in the health sector of low- and middle-income countries shows that the task of continuous governance enhancement includes eight essential strategies:

1. Cultivate governance competencies
2. Build diversity in the governing body
3. Governance orientation and education
4. Governance assessments
5. Effective governing body meetings
6. Governance policies
7. Governance technologies
8. Continuous governance enhancement

A variety of tools and resources to support the implementation of activities for these strategies are provided in the Appendices of this guide. In the following sections of the guide, “you” should be interpreted as you the leader who governs - working with your governing body and the senior management team.



Cultivate Governance Competencies

Good governance is both an art and a science. Studies of high performing governing bodies show their passion to identify and then support the development of a set of key competencies: knowledge, skills, practices, and attitudes.

Of the following competencies, which do you believe are the most important for governance success in your situation?

1. Governing practices and behavior: cultivating accountability, engaging stakeholders, setting a shared strategic direction, and mobilizing and allocating resources in a responsible way.
2. Gender issues in governing decision making: gender issues faced by women as users of health services, women as health workers, and women in senior leadership roles.
3. Collaboration across sectors and levels. Collaboration involves building partnerships across ministries, sectors, and levels of authority. In addition to a Ministry of Health, many other ministries play a role in improving people’s health. Collaboration also involves working with private-for-profit and nonprofit groups and civil society and NGOs. Collaboration also means working with different levels—local, state, national, and international.
4. Acting with ethical and moral integrity and influencing others to act with integrity.
5. Pursuit of efficiency and sustainability in the use of resources: making the best use of resources at your disposal, and producing results that meet the health needs of society in the long term.
6. Use of information, evidence, and technology for decision making.
7. Strategic planning processes and strategic approaches for implementing long-term health goals.
8. Communication, facilitation, enabling, negotiating, decision making, mobilizing financial resources, oversight, institution building, and leadership.
9. Personal capabilities, knowledge, and skills, as follows:

Personal capabilities	Knowledge and skills
Accountability	Health care delivery and performance
Achievement orientation	Business and finance
Leading change	Human resources
Collaboration	
Community orientation	
Impact and influence	
Information seeking	
Innovative thinking	
Managing complexity	
Organizational awareness	
Professionalism	
Relationship building	
Strategic orientation	
Talent development	
Team leadership	

(Source: Center for Healthcare Governance. 2010. *Competency-Based Governance: A Foundation for Board and Organizational Effectiveness*. American Hospital Association, Health Research & Educational Trust, and Hospira. Chicago, IL.)

Reflect on your areas of strength and weakness in governance competencies. In view of the competencies listed above, how will you build governing competencies in which you are deficient?

Build Diversity in the Governing Body

Governance for health is driven by the needs of the people you exist to serve. To make sound decisions about what their health needs are and then to establish policies, plans, and programs to meet those needs, good governance requires the engagement of diverse stakeholders.

Of the possible ways to support and enhance diversity on your governing body listed below, which do you believe are the two or three most important in your situation?

1. Define “diversity” for the governing body of your department or organization. Have in-depth conversations about diversity.
2. Make a commitment to diversity in your governing body. Draft a simple diversity statement and fulfill your commitment.
3. Have your mission statement reflect your commitment to serve ethnically and culturally diverse people.
4. Identify and remove barriers that may prevent ethnically and culturally diverse groups from becoming governing body members. In selecting new members, consider representatives from the ethnically and culturally diverse communities you serve. Ensure that the governing body membership reflects the ethnic and cultural diversity of your community.
5. Welcome individuals of diverse backgrounds. Give responsibilities to every new member of the governing body. Give equal respect to all governing body members and have equal accountability.
6. Keep the governing body large enough to offer a diversity of views, yet small enough to be efficient in operations.
7. Maintain a governing body skills profile. Recruit new members based on what skills and characteristics are currently lacking in the body as a whole, which are needed now or will be needed in future. Use a tool, such as governing body composition matrix, to record the skills profile. (See the Appendix in this guide.)

8. Have a competency-based selection process that is matched to the strategic needs of the governing body. The selection process should ensure diverse, well-qualified, and dedicated people.
9. When conducting the recruit process for the governing body, consult individuals, groups, or organizations that represent ethnically and culturally diverse people. Consult with your stakeholder constituencies about who might best represent their interests.
10. Have representation from many different stakeholder constituencies on your governing body.

Important stakeholder constituencies to consider are:

1. Health service users
2. Youth and youth organizations
3. Women and women’s organizations
4. Health workers, physicians, nurses, and other health providers in the public sector
5. Private health sector (hospitals, doctors, nurses, midwives, pharmacists, etc.), their professional associations and unions, and accreditation boards and councils
6. Public health experts from academic organizations
7. Community leaders (Different perspectives from the community and different ethnicities)
8. Government leaders and elected representatives
9. Municipal leaders or officials
10. Ministry of Health and different ministries that impact health
11. Private businesses
12. Media and National and international NGOs and civil society organizations.

Now that you have identified two to three most valuable ways to enhance diversity in your governing body, what steps will your governing body take to enhance diversity in the governing body?

Governance Orientation and Education

Wise, effective, and efficient governance does not just happen. Those who govern must invest individually and collectively to continuously improve their knowledge about how their health system or organization functions, and how governance can be continuously improved. Expanding your knowledge is not a one-time effort. Your effectiveness and your sense of satisfaction that your time and talents are being well used is a function of your willingness to participate in a well-designed orientation covering

your role and responsibilities (your job description), followed by periodic participation in educational activities focused on governance.

There are many ways to enhance governance. Which of the following do you believe are the two or three best ways to enhance your knowledge and effectiveness in governance?

1. There is a formal orientation program and ongoing education program for the governing body.
2. The orientation program covers topics related to the organization (e.g., services it provides, its strategic direction, organizational structure, roles and finances) and topics related to the role, responsibilities, and accountabilities of the governing body and its members. New members receive a thorough orientation before attending their first governing body meeting.
3. The ongoing education program is tied to the organization's strategic challenges. Each meeting of the governing body includes an education component. Expert consultants and facilitators can be brought in to conduct educational sessions during governing body meetings. Time is set aside during a meeting to discuss a publication on a topic in which the governing body may be particularly interested, or a publication that presents an area in which the governing body lacks sufficient knowledge. Governance education is designed in such a way that it helps fill the knowledge and skill gaps in the governing body as seen in regular governance self-assessments.
4. The governing body has a written policy and budget for its education and development. The governing body has an annual education plan that is reflected in the organization's budget for governing body activities and support.
5. The chair of the governing body seeks opportunities to educate the governing body and develop its leadership capacity. Committee membership and committee chair roles are used as an opportunity to build the leadership capacity of governing body members. Committee membership is reassigned after specific intervals. Governing body chair position is periodically rotated. The chair or governance committee finds out individual members' governance education or leadership development interests and provides them opportunities accordingly.

(Source: Adapted from BoardSource. 2010. *The Handbook of Nonprofit Governance*. Jossey Bass. San Francisco, CA.)

You have identified the two or three best ways to enhance your knowledge and effectiveness in governance. What steps will your governing body take for orientation and continuous education of its members?

Develop a Mentoring Program

The governing body should have a peer-to-peer mentoring program. In such a program, an experienced member of the governing body is given responsibility of mentoring a new member.

1. Consider assigning a mentor to existing governing body members who are serving their first term or who are not performing their roles and responsibilities well.
2. Mentors identified are well-experienced, senior members of the governing body.
3. Identify the mentor and pair him or her with his or her “student” by assessing the skills and expertise of both. Identify governance education needs of the new governing body member and include them in your pairing methodology.
4. The mentor is sensitive to the governance education needs of the new member, specifically, what governance competencies he or she needs in order to be effective on the governing body. With a good grasp on the new member’s education needs, the mentor will not appear patronizing.
5. Most new members have a wide range of knowledge and experience outside of your organization. Mentors should remember to acknowledge this and find ways to capitalize on such assets for the benefit of the full governing body.
6. The mentor helps the new governing body member get to know his or her governing body colleagues by reviewing their individual strengths, personalities, contributions, and idiosyncrasies.
7. The mentor guards against inserting his or her personal bias into discussions about colleagues.
8. The new governing body member informs the governing body chair if the mentoring process is not working. Sometimes, the relationship with the mentor may not meet the new member’s needs and he or she should seek recourse from the chair.
9. When mentoring is complete, both the mentor and the new governing body member evaluate the process.
10. The mentor can accomplish a great deal in educating a new member by providing a context for most issues.

How can you implement a mentoring program that has the characteristics described above?

Governance Assessments

Continuous governance enhancement is encouraged and facilitated by an objective and structured evaluation of how well you believe you are performing, as well as how well the governing body and its various decision-making processes are performing. An intentional review of performance helps encourage, enable, and empower your capacity for continuous governance enhancement.

Which of the following activities (numbered 1 to 5) do you believe are the two or three most important for continuous governance enhancement for your governing body?

1. The governing body continuously improves its own performance by conducting an annual assessment of individual members, and uses the outcomes in reappointment decisions. The governing body conducts a formal process to evaluate its own performance. Annual self-assessments are conducted by:
 - a. the governing body as a whole,
 - b. its committees,
 - c. chair of the governing body and committee chairs, and
 - d. individual members.
2. Periodic external or third party assessment of the performance of the governing body is an alternative.
3. Conduct one or more of the following types of assessments: overall governance risk assessment; governing body 360⁰ assessment; chief executive performance planning and assessment; surveys of overall organizational performance such as physician and health worker satisfaction survey; work force satisfaction survey; managers' performance assessment; patient satisfaction assessment; community perception survey; and stakeholder satisfaction surveys.
4. The governing body uses the assessment process to identify specific improvement opportunities for members, defines specific governing body performance improvement goals, and includes them in an annual plan for improvement.
5. The assessment process leads to an extended session or a retreat where the governing body has time to discuss and identify steps to enhance its governance effectiveness.

(Source: Adapted from BoardSource. 2010. *The Handbook of Nonprofit Governance*. Jossey Bass. San Francisco, CA.)

You have identified two or three most important for continuous governance enhancement activities for your governing body? What concrete steps your governing body as a whole will take to assess its own performance?

Effective Governing Body Meetings

Governance is largely conducted in group meetings. Subjecting the time and talent of people who are largely volunteers to poorly designed, weakly managed, and unnecessarily long meetings can be frustrating in any setting or culture. The disadvantage of ineffective meetings is not just the loss and frequent turnover of good governing body members, but also the waste of scarce resources, and in some cases, the loss of good managers if a governing body is ineffective. Poor or chronically ineffective meetings can also create a breeding ground for poor leadership behaviors, including corruption by those who govern, lead, or manage your health system.

Which five to six of the following strategies to improve meeting effectiveness do you believe will yield the greatest value for your governing body meetings?

1. Meetings are about 80% focused on future and strategically important items, and 20% on a review of past history. Governing body meetings are more effective if participants look at future critical issues and develop strategies for dealing with expected problem areas.
2. Dashboards and graphics are used to review performance data. Five to seven key measurements are linked to strategic goals. (See Governance Technologies section for information on dashboards.)
3. A yearly calendar is prepared that defines when key topics and decisions are planned.
4. A clear-cut purpose for each meeting is maintained through careful pre-planning in order to achieve objectives in a limited amount of time. The agenda is well-defined and is circulated in advance of the meeting. Members are asked at the beginning of the meeting if there are any additional items to place on agenda. Information about items for discussion is provided to members a few days before the meeting so that there is time for review prior to the meeting.
5. A management liaison presents issues from management's perspective and its specific recommendations. A short period at the end of the meeting is scheduled to enable governing body members to express their views on the work they are doing. Meetings are made interesting with the format changed from time to time to keep members' full attention.
6. Committee reports have an "easy-to-read" format, with a one-page executive summary. With fewer lengthy reports, there will be more time for discussion and planning for the future.
7. Routine matters are dealt with efficiently, for example, by using a consent agenda, which reserves time for the most important agenda items.
8. Members are encouraged to review materials distributed for the governing body meeting before the meeting. Minutes, committee reports, financial reports, quality reports, etc. are sent to governing body members ahead of time. Unnecessary presentation of the content of such reports is avoided during the meeting, leaving more time for discussion and planning. New technologies are used to improve the flow of ideas and information among all members and the senior management team.
9. Views from health workers (nurses, physicians, etc.) on the quality of staff, morale, adequacy of personnel, and new programs are solicited. Presentations from "real people," such as a patient, a physician, a community leader, or a competitor are occasionally scheduled for governing body members.
10. Progress with the agenda is carefully tracked and managed. The governing body chair limits extraneous input, comments, and personal agendas. Question and answer sessions are built into the agenda to get governing body members involved.
11. Governing body members are educated about the fact that they have a fiduciary responsibility to act and make decisions on what's best for the community, and not individuals or themselves. All the members are encouraged to listen, be prepared to exchange ideas, and then take decisions.

12. Inputs on effective and efficient meetings are provided in the governing body member orientation and education program.

(Sources: Adapted from BoardSource. 2010. *The Handbook of Nonprofit Governance*. Jossey Bass. San Francisco, CA and Governance Enhancement Plan: Fresh Thinking for Improved Effectiveness & Efficiency in our Board Work. 2008. Integrated Healthcare Strategies and The Governance Institute.)

For the five to six strategies you selected, what specific steps will you and your governing body take to make your governing body meetings more efficient and productive?

Governance Policies

Just as the design, delivery, and financing of health services is a complex undertaking, so too is good governance. Effective governance is guided by clear and sensible policies and procedures, which are documented in a policy manual that is easy to understand and readily accessible to governing body members. The policy manual should be drafted by the governing body members in a consultative manner. It should cover the following topics:

- Role of the governing body with regard to: strategic visioning and planning, quality assurance, fiscal health, management, stakeholder relations, interface with the Ministry of Health, governance effectiveness
- Governing body chair position description and performance expectations
- Governing body member position description and performance expectations
- Role and description of committees and advisory bodies
- Committee chair position description and performance expectations
- Annual work plans of committees
- Annual governing body meeting calendar
- Examples of governing body meeting agendas
- Enhancement plan for continuous governance improvement

The manual should also contain policies on the following topics:

- conflict of interest policy for the governing body and the staff
- code of ethics and conduct for the governing body and the staff
- whistleblower protection
- confidentiality
- record retention and document destruction
- governing body member expenses
- budgeting
- capital expenditures
- financial control policies
- investments
- financial audits
- risk management
- governing body fundraising
- sexual harassment
- nepotism

From the content lists above, which documents do you have and which do you need to prepare? What steps will your governing body need to take to draft, approve, and adopt these basic policies and procedures for governance?

Governance Technologies

Several technologies are available that can help governing bodies practice effective and efficient governance. Performance dashboard is a governance technology intervention that can be used in low resource settings. Review the examples described below and identify practical activities you can undertake for your governing body.

Governance Dashboard

Dashboards are helpful for monitoring an organization’s progress in fulfilling its mission and meeting its goals. Many governing bodies are adopting dashboards and balanced scorecards. Most governing bodies receive an integrated quarterly report covering program, operations, and financial issues. First, a brief narrative summarizes the past quarter’s performance, and directs attention to trends of note. An overall dashboard report shows key indicators of financial performance, operations, service to patients, human resources, quality of care, customer service, and patient safety. This example below is color-coded to

show whether performance is better than expected (blue), on target (green), or worse than expected (red).

			
Better than expected	Expected	Worse than expected	Not applicable

Governing body members wanting more detail about a specific indicator can flip to a page showing, at a glance, a simple but technically accurate definition of the measure, an explanation of how the target was set, and another color-coded display comparing current and year-to-date performance against the target.

Many indicators are essential to performance measurement, such as overall patient satisfaction. Sometimes indicators are added so that the governing body can monitor specific priorities. For example, when nurses are in short supply, indicators may be used to track their turnover and vacancy rates. Once management stabilizes the nurse staffing, the indicator can be removed from the governance dashboard. The following is an illustration of a patient satisfaction section of a governance dashboard.

Patient Satisfaction Dashboard Report

	Q1	Q2	Q3	Q4	Year-to-date
Inpatient satisfaction					
Outpatient satisfaction					

Detailed Patient Satisfaction Report

Q3	Year-to-date		Key	
		Inpatient satisfaction	 91-100%	Measure of patient perception of the quality of care and satisfaction with inpatient services. Score represents the mathematical mean (average) for all questions asked on the survey. Benchmark represents the score recommended by the ministry as indicative of high performance.
			 80-90%	
			 < 80%	
		Outpatient satisfaction	 86-100%	In this case, patient perception of the quality of care and satisfaction with outpatient department is scored using the method described above for inpatient satisfaction.
			 75-85%	
			 < 75%	

Governing Body Web Portal

The governing body members need timely and convenient access to meeting-related materials. A web portal is an online web site where all the materials governing body members need are stored, using high security and restricted access. The portal brings many benefits, including time savings (e.g., there is no need to print voluminous materials prior to meetings), cost savings, a better prepared governing body because of the round-the-clock access to relevant information, and a better educated governing body since the portal can include access to many helpful resources.

In addition, the portal enables governing body members to communicate and share documents, and create topic-specific workspaces. It helps the governing body to perform its oversight function more efficiently. Rapid document updates are possible. The committees can also find the portal to be useful and convenient for the same reasons. The portal helps to improve the quality and timeliness of the information flow between governing bodies and the management staff they oversee. It streamlines governing body work and reduces risk by providing governing body members easy access to important information. It helps the governing body communicate and collaborate effectively, improving the efficiency of governing body's work.

The following content may be stored on the governing body web portal for easy access and use by the members:

Tools for governing body member development

1. Governing body member competencies
2. Competency mapping process to guide recruitment and governing body development
3. Governing body member orientation program
4. Governing body member mentoring program
5. Governing body member customized individual education plans
6. Governing body education plan and budget
7. Governing body knowledge and experience exchange process
8. Digital reference library on governing concepts and practices
9. eLearning resources

Tools for performance assessment of governance

1. Governance overall risk assessment
2. Governing body overall performance self-assessment
3. Governing body member 360⁰ assessment
4. Chief executive performance planning and assessment
5. Physician and health worker satisfaction survey and Workforce satisfaction survey
6. Managers' performance assessment
7. Patient/client satisfaction assessment and Community perception survey

Governance monitoring

1. Governance performance indicators and metrics
2. Governance dashboard design and development, and design of governing body information system

Continuous Governance Enhancement

Good governance requires an interest in and commitment to improvement that is continuous. For this to happen, it is necessary for the governing body to step back at least once a year and assess its own performance and that of its committees, chair and committee chairs, and individual members. The periodic assessment will motivate the governing body and its members to continuously improve their governance performance.

Which five or six of the following strategies are ones that will help foster continuous improvement in the governance performance of your governing body?

1. Governing body members commit to being continuously educated on priority issues and come well prepared for governing body meetings and interactions.
2. The governing body assesses the organization's bylaws and structures every two or three years.
3. The governing body uses competency and diversity-based criteria when selecting new members.
4. Governing body members review the responsibilities of the governing body, indicate whether they think the governing body currently does a good job on each responsibility or whether performance needs to improve, and identifies how improvements could be achieved. The governing body uses a formal process to evaluate the performance of individual members. The entire governing body discusses the findings of an assessment and what can be done to improve its effectiveness. The assessment discussion results in the creation of an action plan and its implementation. This process should be followed at least once a year.
5. The governing body establishes performance requirements for member reappointment.
6. The governing body has a mentoring program for new members.
7. Training sessions and workshops are organized for governing body members.
8. The governing body uses an explicit process of leadership succession planning to recruit, develop, and choose future committee chairs.
9. Technology is used to enhance governance performance. Use of governing body portals is a good example.
10. A few minutes are devoted in each governing body meeting for governing body education and development. A 10 to 15-minute item on "ideas for improving governance" is included in each governing body meeting agenda. Easy-to-complete surveys distributed at a governing body meeting are another way of getting the members to think about their perceptions of governing body performance.
11. The chair is a champion of governing body improvement.
12. A process for removing non-contributing governing body members exists and is documented.
13. Excellent governing practices and behaviors by members, committees, task forces, and the governing body as a whole are acknowledged and celebrated.
14. Open discussions about plans, progress, options, and issues are held.
15. Data are transformed into information and then transformed from information into intelligence for the strategic thinking and decision making needed for bold initiatives.
16. Preparations for governing body and committee meetings are well done.
17. What is best for the overall integrity and vitality of the health system and its stakeholders is promoted. A focus on strategic "dashboard" type measures of performance in areas of service quality and finance is maintained.
18. One-page summaries of proposed strategic actions, with a clear and easy-to-understand rationale and implementation process are prepared.

19. Most of the work is conducted by the various committees as opposed to the governing body as a whole.
20. At least once a year, sufficient, quality time for brainstorming and relaxed, thoughtful discussion about organizational challenges, plans, and progress in a retreat forum is set aside. The governing body reflects on its past performance and plans for improvements in future.

(Source: Adapted from BoardSource. 2010. *The Handbook of Nonprofit Governance*. Jossey Bass. San Francisco, CA.)

You have identified five or six strategies that will help foster continuous governance improvement of your governing body? What steps you will your governing body take to implement these strategies?

Begin with yourself

As a responsible governing body member, you should:

1. Assure that the quality and style of your communication with your governing body colleagues and with the organization’s management are constructive.
2. Work to build consensus among your fellow governing body members.
3. Support, thank, encourage, and motivate the staff.
4. Be knowledgeable about recent developments in the health field.
5. Trust and be supportive of the work of your committees.
6. Frame disagreements in a constructive manner.
7. Look for partnerships and networking opportunities to enhance your ideas and effectiveness.
8. Remember that you are serving the community’s health and health care needs.
9. Improve your listening skills to hear what people are really saying.
10. Promote positive accomplishments of the organization to nurture a good image and morale in and outside the organization.
11. Enhance the quality of your committee work.
12. Bring in information that supports the governing body’s decision-making.

What steps you will take to improve your own governing practices on a continuous basis?

Appendices

Appendix 1: Measure Gender Responsiveness of Your Decision

Governance leaders should periodically assess how gender-responsive they are when making governance decisions (i.e., while making policies and regulations, setting organization's strategic direction, or allocating resources). Currently there is no readily available instrument to help them carry out this self-assessment. To fill this gap, the LMG Project has developed a simple tool based on the spectrum of gender responsiveness, and has tested it with LeaderNet, an online learning community of health leaders and managers supported by Management Sciences for Health (MSH).

Instructions for Using the Tool

This tool is for the use of the governing bodies or leaders who govern and also senior management leaders to periodically track the gender responsiveness of their decision-making. They should read over the tool *prior* to making a substantive decision, and then take the assessment after the governing body meeting to see how gender-responsive they have been in the decision they ultimately made.

The tool has ten questions. Senior governance and management team should discuss average team scores on each of the ten questions and explore possibilities regarding what they can do to improve the score next time they make a decision. The goal of the tool is the decision-making team knows their gender-responsiveness score, adopts gender-responsive behaviors over time, and improves the score with time till gender lens becomes an essential feature of the decision-making process in the organization.

Scoring Scheme

The maximum score that can be earned is 100.

- For first eight questions, 'NOT AT ALL' gets a score of 0, 'A LITTLE' gets score of 2.5, 'AROUND 50%' gets 5, 'A LOT' gets 7.5, whereas 'FULLY' gets a score of 10.
- Questions 9 and 10 are reverse-coded. Scoring is reverse here.
- In Q9 and Q10, 'NOT AT ALL' gets a score of 10, 'A LITTLE' gets score of 7.5, 'AROUND 50%' gets 5, 'A LOT' gets 2.5, and 'FULLY' gets a score of 0.

- Total Score of 75 and above indicates a high degree of gender-responsiveness.
- Score of 50-74 indicates gender-responsiveness.
- Score of 25-49 indicates not enough gender-responsiveness.
- Score below 25 indicates gender non-responsiveness.

The scale has a 'not applicable' option. The maximum score that can be obtained will reduce proportionate to the number of non-applicable gender questions. Overall responsiveness categories will also change accordingly. A respondent or the team should think carefully before making a determination that a specific gender question is not applicable to their decision because majority of decisions does have all the ten gender dimensions described above.

Tool

Version 1

(To be used by governance and management leaders of the organizations that directly deliver health services)

For each question below, please circle the choice that represents how you feel the decision was made:

1. I considered the different needs of women and men before making this decision.

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

2. This decision I made responds to the different needs of women and men.

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

3. I considered the implications of this decision on health service users as a whole and also women and men users of health service separately.

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

4. I considered the implications of this decision on health workers as a whole and also women and men health workers separately.

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

5. I consulted women and men in governance positions, women and men in management positions, women and men clinicians, women and men health workers, women and men health service users, or women's organizations before making this decision.

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

6. I considered aggregate evidence and sex-disaggregated evidence before making this decision.

(Aggregate evidence is data and evidence collected and presented collectively for men and women, whereas sex-disaggregated evidence is data and evidence collected and presented separately for men and women.)

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

7. This decision enables both women and men to make a choice concerning their health.

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

8. This decision recognizes and compensates for disadvantages women or people of other gender identities face.

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

9. This decision adversely affects women or their health.

Fully A lot (around 75%) Around 50% A little (around 25%) Not at all Not applicable

10. This decision maintains inequalities among people of different gender identities or supports stereotypes based on the gender identity.

Fully A lot (around 75%) Around 50% A little (around 25%) Not at all Not applicable

Version 2

(To be used by governance and management leaders of the organizations that do not directly deliver health services)

1. I considered the different needs of women and men before making this decision.

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

2. This decision I made responds to the different needs of women and men.

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

3. I considered the implications of this decision on our clients as a whole and also women and men clients separately.

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

4. I considered the implications of this decision on our employees as a whole and also women and men employees separately.

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

5. I consulted women and men in governance positions, women and men in management positions, women and men employees, women and men clients, or women's organizations before making this decision.

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

6. I considered aggregate evidence and sex-disaggregated evidence before making this decision.

(Aggregate evidence is data and evidence collected and presented collectively for men and women, whereas sex-disaggregated evidence is data and evidence collected and presented separately for men and women.)

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

7. This decision enables women to make a choice in a matter concerning themselves.

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

8. This decision recognizes and compensates for disadvantages women or people of other gender identities face.

Not applicable Not at all A little (around 25%) Around 50% A lot (around 75%) Fully

9. This decision adversely affects women.

Fully A lot (around 75%) Around 50% A little (around 25%) Not at all *Not applicable*

10. This decision maintains inequalities among people of different gender identities or supports stereotypes based on the gender identity.

Fully A lot (around 75%) Around 50% A little (around 25%) Not at all *Not applicable*

Appendix 2: Self-Assessment Tool for the Governance Subcommittee

The Governance Subcommittee can use this tool to assess its own performance. The self-assessment can be done collectively in a meeting and score is recorded against each standard as agreement is reached after deliberations. Alternatively, individual subcommittee members may score the subcommittee performance and average score may be calculated for each standard.

Scoring Guide

0%	1%–25%	26%–50%	51%–75%	76%–100%
No activity	Minimal activity	Moderate activity	Significant activity	Optimal activity
0%, or absolutely no activity.	Greater than zero, but no more than 25% of the activity described in the standard is met.	Greater than 25%, but no more than 50% of the activity described in the standard is met.	Greater than 50%, but no more than 75% of the activity described in the standard is met.	Greater than 75% of the activity described in the standard is met.

Self-Assessment Tool for the Governance Subcommittee

#	Standard	0%	1–25%	26–50%	51–75%	76–100%
1.	Identifies skills and areas of expertise needed by the governing body.					
2.	Identifies, evaluates, and recommends individuals for selection to the governing body.					
3.	Provides orientation and mentoring for new governing body members.					
4.	Works with the governing body chair to promote ongoing learning and growth of all governing body members.					
5.	Encourages development of leadership potential of the governing body members.					
6.	Assesses governing body member participation.					
7.	Leads the governing body's self-assessment efforts.					
8.	Evaluates and recommends necessary changes to the governing body structure and processes.					
9.	Reviews practices regarding conflict of interest and code of ethics.					
10.	Works continuously to guarantee that the governing body takes responsibility for its own development, learning, and behavior.					

(Source: Adapted from Hughes, S. R., Lakey, B. M. and Flynn, O. 2003. *Governance Committee*. BoardSource. National Center for Nonprofit Boards. Washington, DC.)

Appendix 3: Self-Assessment Tool for the Chair

The Governing Body Chairperson can use this tool to assess his or her own performance. Alternatively, individual members may score the chair's performance and average score may be calculated for each standard.

Scoring Guide

0%	1%–25%	26%–50%	51%–75%	76%–100%
No activity	Minimal activity	Moderate activity	Significant activity	Optimal activity
0%, or absolutely no activity.	Greater than zero, but no more than 25% of the activity described in the standard is met.	Greater than 25%, but no more than 50% of the activity described in the standard is met.	Greater than 50%, but no more than 75% of the activity described in the standard is met.	Greater than 75% of the activity described in the standard is met.

Self-Assessment Tool for the Chair

#	Standard	0%	1–25%	26–50%	51–75%	76–100%
1.	Leads and facilitates governing body meetings.					
2.	Develops meeting agendas.					
3.	Works for development of a strong governing body.					
4.	Sets goals and expectations for the governing body.					
5.	Encourages individual governing body members to take leadership.					
6.	Makes governing body development a priority.					
7.	Works with the governance subcommittee to identify skills, expertise, and attributes needed for the governing body.					
8.	Works with the governance subcommittee and individual members to recruit new governing body members.					
9.	Ensures regular opportunities for governing body self-assessment.					
10.	Oversees a comprehensive					

#	Standard	0%	1–25%	26–50%	51–75%	76–100%
	governing body assessment every two to three years.					
11.	Assesses results of governing body self-assessment and considers improvements in consultation with the governance subcommittee.					
12.	Solicits inputs from all governing body members and ensures all governing body members contribute appropriately.					
13.	Keeps all governing body members engaged in the work of the governing body.					
14.	Speaks on behalf of the governing body regularly and especially when controversy or conflict arises.					
15.	Guides the governing body in approving plans and overseeing their implementation.					
16.	Facilitates governing body involvement in strategic planning.					
17.	Shares appropriate information to keep the governing body informed and educated.					
18.	Coordinates overall resource mobilization effort.					
19.	Reviews committee work.					
20.	Resolves conflicts among governing body members.					

Appendix 4: Self-Assessment Tools for Individual Leaders or Individual Members Who Govern

A. Tool based on effective practices of health governance

This self-assessment tool is intended for use by individual members and is based on the practices of effective governance.

Scoring Guide

- ❖ Questions 2 and 22 are reverse-coded and receive a minus score, i.e., the score is subtracted from the total score.
- ❖ The maximum score that can be earned is 280.
- ❖ Score of 210 and above: Outstanding governance.
- ❖ Score of 141–209: Meets most requirements.
- ❖ Score of 70–140: Needs improvement.
- ❖ Score below 70: Unsatisfactory governance.

Instructions: Circle the number that represents the extent to which you agree that the statement accurately describes your governance decision making.

1. I do what I publicly or privately say.
Never 0 1 2 3 4 5 6 7 8 9 10 Always

2. I abuse my power for my private gain.
Never 0 1 2 3 4 5 6 7 8 9 10 Always

3. I will act or decide in favor of what I think is ethically right.
Never 0 1 2 3 4 5 6 7 8 9 10 Always

4. When making a decision in the governing body, I keep the interests of people in mind.
Never 0 1 2 3 4 5 6 7 8 9 10 Always

5. I scan the internal and external environment for strengths, weaknesses, opportunities, and threats to governing body priorities.
Never 0 1 2 3 4 5 6 7 8 9 10 Always

6. I focus my work and the work of those I lead on achieving the priorities of my governing body.
Never 0 1 2 3 4 5 6 7 8 9 10 Always

7. I mobilize human, material, and financial resources and align them to support priorities of my governing body.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

8. I inspire those I lead to be committed to the governing body priorities.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

9. I inspire those I lead to continuously learn how to adapt and do things better.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

10. I believe in openness and transparency in the governing body decision-making process.

Not at all 0 1 2 3 4 5 6 7 8 9 10 Fully

11. I make information related to governing body decisions available to those who are affected by governing body decisions.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

12. I believe in including those who are affected by governing body decisions or their representatives in the governing body decision-making process.

Not at all 0 1 2 3 4 5 6 7 8 9 10 Fully

13. I include those who are affected by governing body decisions or their representatives in the governing body decision-making process.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

14. I am responsive to the different needs of men and women when I make a decision in the governing body.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

15. I believe in the principle that governing body members should be held accountable by people affected by the decisions of the governing body.

Not at all 0 1 2 3 4 5 6 7 8 9 10 Fully

16. I am open to criticism of my decisions in the governing body.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
17. I allow people affected by governing body decisions to question me on why a decision was made.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
18. I use pertinent information when making a decision in the governing body.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
19. I collaborate with other ministries to achieve better health outcomes for people.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
20. I collaborate with the private for-profit sector to achieve better health outcomes for people.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
21. I collaborate with civil society and NGOs to achieve better health outcomes for people.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
22. My decisions in the governing body are based on what I think is right rather than on evidence and analysis.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
23. I believe in the power of technology to enhance the quality of governing body decisions.
 Not at all 0 1 2 3 4 5 6 7 8 9 10 Fully
24. I advocate for the use of modern technologies in my governing body decision-making process.
 Never 0 1 2 3 4 5 6 7 8 9 10 Always
25. I believe in measurement of the results and impact of governing body decisions.
 Not at all 0 1 2 3 4 5 6 7 8 9 10 Fully

26. I insist on measuring the results and impact of governing body decisions.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

27. I oversee and ensure that governing body decisions made are implemented.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

28. I give greater weight to the long-term interests of society than to the short-term benefits to society when making a decision in the governing body.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

29. I consider the concerns of poor and vulnerable people when making a decision in the governing body.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

30. I try hard to achieve the best results using the least amount of resources when I make a decision in the governing body.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

B. Tool based on governance competencies

This self-assessment tool is intended for use by individual members and is based on individual member competencies.

Scoring Guide

0%	1%–25%	26%–50%	51%–75%	76%–100%
No activity	Minimal activity	Moderate activity	Significant activity	Optimal activity
0%, or absolutely no activity.	Greater than zero, but no more than 25% of the activity described in the standard is met.	Greater than 25%, but no more than 50% of the activity described in the standard is met.	Greater than 50%, but no more than 75% of the activity described in the standard is met.	Greater than 75% of the activity described in the standard is met.

Self-Assessment Tool for Individual Leaders or Individual Members Who Govern

#	Standard	0%	1%–25%	26%–50%	51%–75%	76%–100%
A.	General					
1.	Knows the organization’s strategic purpose, goals, policies, programs, services, strengths, and needs.					
2.	Performs governing body duties responsibly and conforms to the level of competence expected from governing body members.					
3.	Suggests possible nominees to the governing body or advisory bodies who are women and men of achievement and distinction and who can make significant contributions to the work of the governing body and the organization.					
4.	Serves in leadership positions and undertakes special assignments willingly and enthusiastically.					
5.	Helps establish and nurture excellent relationships with various organizations and associations.					

#	Standard	0%	1%– 25%	26%– 50%	51%– 75%	76%– 100%
6.	Follows and stays informed about trends in the health sector and public health, service quality and patient safety, health care economics, medical technologies, physician and health worker issues, regulatory frameworks for health programs, and community aspirations.					
B.	Meeting-related					
1.	Prepares for and participates in governing body and subcommittee meetings, including appropriate governing body activities.					
2.	Asks timely and substantive questions at governing body and subcommittee meetings, while at the same time supporting the majority decision on issues decided by the governing body.					
3.	Suggests agenda items periodically for governing body and subcommittee meetings to ensure that significant, policy-related matters are addressed.					
C.	Relationship with staff					
1.	Counsels the chief executive, as appropriate and supports him or her in their relationships with other organizations.					
2.	Avoids asking for special favors from staff, including special requests for extensive information, without at least prior consultation with the organization’s leadership, governing body, or appropriate committee chairperson.					
D.	Avoiding conflicts					
1.	Serves the organization as a whole rather than any special interest or constituency.					

#	Standard	0%	1%– 25%	26%– 50%	51%– 75%	76%– 100%
2.	Avoids even the appearance of a conflict of interest that might embarrass the governing body or the organization; discloses any possible conflicts to the governing body in a timely fashion.					
3.	Maintains independence and objectivity, sense of fairness, ethics, and personal integrity.					
4.	Never accepts favors or gifts from anyone who does business with the organization.					
E.	Fiduciary responsibilities					
1.	Serves as a well-informed champion for public health promotion and protection, patient safety, and excellent health outcomes.					
2.	Carefully reads and understands the organization's financial statements and helps the governing body fulfill its fiduciary responsibility.					
F.	Resource mobilization					
1.	Helps the organization's director implement strategies to attract diverse sources of revenue to support the organization's mission through personal influence with others (e.g., donors, government agencies, etc.).					

(Source: Adapted from Ingram, Richard T. 2009. *Ten Basic Responsibilities of Nonprofit Boards*. BoardSource. Washington, DC.)

Appendix 5: Two Sample Provincial Health Governing Body Performance Assessment Tools

This self-assessment tool is a sample tool for use by a governing body that oversees the provincial health system, based on its roles and responsibilities.

A. Overall health governance self-assessment tool

The governing body assesses its own performance on a scale of 0 to 10, where 0 represents the worst performance and 10 represents the best performance on a given responsibility of the governing body. Opportunities are external factors in the environment that may improve performance and threats are external elements in the environment that could cause trouble, whereas strengths and weaknesses are internal to the governing body.

Scoring Guide

- ❖ The maximum score that can be earned is 200.
- ❖ Score of 150 and above: outstanding governance.
- ❖ Score of 100–149: meets most requirements.
- ❖ Score of 50–99: needs improvement.
- ❖ Score below 50: unsatisfactory governance.

#	Responsibility	Internal		External		Performance on a scale of 0 to 10
		Strengths	Weaknesses	Opportunities	Threats	
Role and responsibilities as per the terms of reference of the governing body						
1.	Advocate and ensure openness, transparency, accountability, honesty and inclusiveness :					
	a. in the health system of the province					
	b. in the affairs of the provincial health directorate.					
2.	Set strategic direction for 3-5 years and conduct strategic planning based on the strategic direction.					
3.	Advocate and support service responsiveness and patient satisfaction, and patient safety.					
4.	Nurture a relationship with the community and the people served.					
5.	Steward scarce resources:					

#	Responsibility	Internal		External		Performance
	a. Ensure ethical and the best use of available resources for the achievement of health outcomes for the people served.					
	b. Provide vision and direction for health systems.					
	c. Exert influence across different sectors for achieving the best health outcomes for the population in the province.					
	d. Ensure collection and use of information and evidence on health system performance to ensure accountability and transparency.					
6.	Ensure adequate financial resources.					
7.	Provide financial oversight.					
8.	Conduct performance monitoring and support high performance.					
9.	Strengthen health services in the province.					
10.	Continuously improve the functioning of the governing body.					
11.	Build a competent governing body.					
12.	Advocate for decentralization.					
13.	Fulfills any other governing body responsibility (specify):					
14.	Fulfills any other governing body responsibility					

#	Responsibility	Internal		External		Performance
	(specify):					
15.	Fulfills any other governing body responsibility (specify):					

B. Health governance standards-based self-assessment tool for a provincial governing body

This is another self-assessment sample for use by a governing body that oversees the provincial health system, based on governance standards.

Scoring Guide	
No activity	0% or absolutely no activity.
Minimal activity	Greater than zero, but no more than 25% of the activity described in the standard is met.
Moderate activity	Greater than 25%, but no more than 50% of the activity described in the standard is met.
Significant activity	Greater than 50%, but no more than 75% of the activity described in the standard is met.
Optimal activity	Greater than 75% of the activity described in the standard is met.

#	Standard	0%	1–25%	26–50%	51–75%	76–100%
A.	Oversight of health situation and trend assessment					
1.	Facilitates access to appropriate resources for community health status monitoring, and mobilizes resources and support for the surveys that are centrally designed.					
2.	Promotes broad-based participation and coordination among all entities active in collecting, analyzing, and disseminating community health status data.					
3.	Provides oversight and support for community health status monitoring efforts.					
4.	Guides improvements in the health status monitoring efforts.					
B.	Oversight of monitoring and evaluation of health services					
1.	Facilitates access to the necessary resources to conduct periodic monitoring and evaluation.					
2.	The governing body itself evaluates health services.					
3.	Ensures that regular supportive supervision, monitoring, and evaluation of health services provided in the public and the private sectors in the province take place.					
4.	Encourages all relevant stakeholders to provide input into monitoring and evaluation processes.					
5.	Reviews evaluation results and uses the results to improve health service performance.					
C.	Oversight of data and information management					
1.	Facilitates access to appropriate resources for data and information management.					

#	Standard	0%	1–25%	26–50%	51–75%	76–100%
2.	Promotes broad-based participation and coordination among all entities active in data and information management tasks.					
3.	Reviews data on a quarterly basis, and provides oversight and support for data collection and information management efforts.					
4.	Guides improvements in the overall data and information management.					
D.	Oversight of health service delivery					
1.	Oversees the public, NGO, and private sectors responsible for the delivery of health services.					
2.	Facilitates community monitoring of the delivery of health services.					
3.	Facilitates community input into problem identification and problem solving.					
4.	Conducts periodic reviews of health service delivery with special attention to services for vulnerable populations.					
E.	Oversight of coordination, communication, and intersectoral collaboration activities					
1.	Facilitates access to national, state, and local resources that can be used to support these activities.					
2.	Establishes and oversees the implementation of policies to support activities to inform, educate, and empower people about public health issues, and reviews these activities in light of community needs.					
3.	Makes sure that all population subgroups have an opportunity to provide input on health issues and health services.					
4.	Exerts influence across sectors to protect and promote the health of the community.					
F.	Support for health service delivery					
1.	Ensures that the provincial public health office is supporting the health facilities through joint visits, assessment of quality of service, and assistance in staff recruitment and training.					
2.	Encourages heads of health facilities to voice their issues in a timely fashion.					
3.	Mobilizes community support for the health facilities delivering services.					
4.	Recognizes health facilities delivering quality services to vulnerable populations.					
G.	Oversight of health resource management					
1.	Establishes and oversees the implementation of policies designed to assure efficient and effective use of physical, financial, and human resources, and medicines and supplies.					
2.	Establishes and oversees the implementation of policies designed to assure improvements in workforce, management, and leadership quality.					
3.	Facilitates access to national, state, and local resources					

#	Standard	0%	1–25%	26–50%	51–75%	76–100%
	available for workforce training, leadership development, and continuing education.					
4.	Provides for the training and continuing education of the governing body.					
5.	Assists in mobilizing resources for the provincial health system and public health services.					
H.	Oversight of preventive and clinical services, environmental health services, and forensic medicine services					
1.	Oversees and supports the delivery of preventive and clinical services, environmental health services, and forensic medicine services.					
2.	Facilitates community monitoring of the delivery of these services.					
3.	Encourages community input into the delivery of these services.					
4.	Ensures transparency, accountability, and ethical and moral integrity in the provision of these services.					
I.	Oversight of strategic and annual planning					
1.	Maintains and annually reviews documentation of its mission statement.					
2.	Assesses and advocates for adequate resources and for support from the Ministry of Health.					
3.	Supports planning for the improvement in the health of the population in the province and works to strategically align community resources for this purpose.					
4.	Oversees the implementation of the annual plan.					
J.	Oversight of management of health emergencies					
1.	Supports planning for emergency response and works to strategically align community resources for this purpose.					
2.	Facilitates access to appropriate resources for management of health emergencies.					
3.	Promotes broad-based participation and coordination among all entities active in the management of health emergencies.					
4.	Provides oversight and support for the management of health emergencies.					
K.	Nurturing community relationships and involvement					
1.	Ascertains people's preferences, needs, problems, challenges, and issues in health service delivery.					
2.	Mobilizes community input in the planning and implementation of the health services.					
3.	Mobilizes community input in monitoring, evaluation, and ensuring accountability in health service delivery.					
4.	Provides relevant feedback to its stakeholders and the communities in the province.					

Appendix 6: Sample Agenda for a Governing Body Self-Assessment and Improvement Retreat

Objectives	<ul style="list-style-type: none"> ❖ Review the findings of the governing body self-assessment survey. ❖ Engage in a discussion of governance structures, policies, and practices. ❖ Identify opportunities for continuous governance improvement, using the best practices for effective governing as a benchmark. ❖ Develop a working draft of a governance improvement action plan for implementation following the retreat.
Schedule	
7:30 a.m.	Breakfast
8:00 a.m.	Welcome/objectives for the retreat (<i>Chair and Chief Executive</i>)
8:15 a.m.	Review of governing body self-assessment results (<i>Governance Committee Chair</i>)
9:45 a.m.	Break
10:00 a.m.	Identify priority issues for discussion and action, and discussion of governance structures, policies, and practices
11:00 a.m.	Discussion of priorities and development of ideas for improvement
12:00 p.m.	Lunch
1:00 p.m.	Discussion of priorities and development of ideas for improvement (continued)
2:15 p.m.	Break
2:30 p.m.	Discussion and development of a governance improvement action plan
3:00 p.m.	Adjourn

Appendix 7: Sample Format for a Governance Enhancement Plan

Action	Assigned to	Deadline
Orient full governing body to the oversight process	Governance Committee	Within 3 months
Develop and implement a new governing body report on customer satisfaction	Quality Committee	Within 6 months
Develop and implement a succession planning process for the chair	Governance Committee	Within 6–9 months
Develop a governing body attendance policy, for approval by the governing body	Governance Committee	Within 3 months
Additional actions...		

Sample Governance Enhancement Plan of a Hospital Governing Board

Actions within nine days

1. Develop a clear statement of the relative roles and responsibilities of governing body compared to management.
2. Explore ways to have fewer and more effective governing body meetings.
3. Publish the calendar of meetings for the next 18 months.
4. Make more time in the governing body meeting agendas for strategic discussions and devote less time to ongoing issues through routine reports.
5. Establish an annual “Governing Body Effectiveness Plan.”

Actions within nine weeks

1. Ask management to provide a report on high-level performance measures for finance, human resources, and quality.
2. Initiate joint governing body-and-physicians work group to study ways to improve quality processes and performance in the outpatient department.
3. Develop a master list of the top ten challenges facing the hospital in the coming year, and define actions to meet them.
4. Conduct a formal assessment of the governing body and its committees.
5. Provide a report to the communities served on how the governing body is governing on their behalf.

Actions within nine months

1. Establish a “Governing Body Level Performance Dashboard”
2. Develop governing body work procedures and policies that consider best practices from other countries.
3. Establish a governance committee for continuous governance enhancement and develop an annual plan for governing body education on key topics.
4. Pursue a culture of performance measurement and also of “praise and celebration.”
5. Assess and update the strategic plan of the hospital.

Appendix 8: Measuring Governance

There are three ways to measure governance: measuring governance processes, measuring outcomes, and measuring long-term impact.

Measuring Governance

What to measure?	
Process	<ol style="list-style-type: none">1. Participation of stakeholders in decision-making2. Inclusion3. Gender-responsiveness4. Openness and transparency5. Accountability
Outcomes	<ol style="list-style-type: none">1. Health service performance, i.e., access, coverage, equity, efficiency, responsiveness, patient satisfaction, timeliness, safety of a health service.2. Health outcomes, for example, reduction in incidence and prevalence of communicable and non-communicable diseases.
Impact	<ol style="list-style-type: none">1. Health impact, for example, increased life expectancy or lives saved.2. Impact beyond health, for example, gains in education or economic productivity because of good health.

Measurement is not an end in itself. Use measurement as a means of improving governance. For example, you can use measurement results to:

1. Promote your own accountability and that of your team
2. Communicate with public
3. Evaluate, manage, budget, motivate, promote, celebrate, learn, and improve

As indicated in the table above, governance processes may be measured in terms of how participatory, inclusive, open and transparent, or accountable they are. What can be measured in this regard is the practice of governance or the governing behavior of the people who govern. An example of a scale to assess participation in decision making is given in Appendix 9.

Appendix 9: Measuring Participation

Governing body collectively or members individually can use this self-assessment tool to measure participation of stakeholders in decision-making.

Participation Self-Assessment Scale

Scoring Guide

- ❖ The maximum score that can be earned is 100.
- ❖ Score of 90 and above: indicates outstanding participation.
- ❖ Score of 50–89: indicates the governing body meets most requirements.
- ❖ Score of 20–49: indicates the governing body needs to improve.
- ❖ Score below 20: indicates unsatisfactory participation.

Instructions: Circle the number that represents the extent to which the governing body involves the stakeholders in governance decision-making.

In our health system, citizens, health service users, patients, or their representatives, and health providers and health workers are involved in the following processes:

1.	Goal setting, i.e., identifying health system goals, objectives, and strategic direction.	Never	0	1	2	3	4	5	6	7	8	9	10	Always
2.	Developing strategies and policies to achieve health system or program goals.	Never	0	1	2	3	4	5	6	7	8	9	10	Always
3.	Developing policy.	Never	0	1	2	3	4	5	6	7	8	9	10	Always
4.	Developing programs and program alternatives.	Never	0	1	2	3	4	5	6	7	8	9	10	Always
5.	Strategic and annual planning and prioritization.	Never	0	1	2	3	4	5	6	7	8	9	10	Always
6.	Budget negotiations.	Never	0	1	2	3	4	5	6	7	8	9	10	Always
7.	Problem identification.	Never	0	1	2	3	4	5	6	7	8	9	10	Always
8.	Monitoring health service delivery processes.	Never	0	1	2	3	4	5	6	7	8	9	10	Always
9.	Auditing service or program achievements.	Never	0	1	2	3	4	5	6	7	8	9	10	Always
10.	Evaluating policy, service, or program achievements.	Never	0	1	2	3	4	5	6	7	8	9	10	Always

Appendix 10: Measuring Openness, Accountability, and Integrity

This tool allows you to assess yourself on openness, accountability, and integrity. Governing body members should periodically assess their governing behavior.

Score Guide

- ❖ The maximum score that can be earned is 200.
- ❖ Score of 180 and above: indicates outstanding openness, accountability, and integrity.
- ❖ Score of 101–179: indicates you meet most requirements.
- ❖ Score of 40–100: indicates you need to improve.
- ❖ Score below 40: indicates unsatisfactory openness, accountability, and integrity.

Instructions: Circle the number that represents how frequently you exhibit following behaviors.

Openness Self-Assessment Scale

1. I demonstrate consistency in my public and private behavior.
Never 0 1 2 3 4 5 6 7 8 9 10 Always
2. I openly listen when people offer perspectives that are different from my own.
Never 0 1 2 3 4 5 6 7 8 9 10 Always
3. I openly explain my decisions.
Never 0 1 2 3 4 5 6 7 8 9 10 Always
4. I interact openly and candidly with stakeholders.
Never 0 1 2 3 4 5 6 7 8 9 10 Always
5. I make records accessible to stakeholders.
Never 0 1 2 3 4 5 6 7 8 9 10 Always

Responsibility Self-Assessment Scale

6. I demonstrate a sense of obligation to stakeholders when making decisions.
Never 0 1 2 3 4 5 6 7 8 9 10 Always
7. I avoid blaming others for mistakes.
Never 0 1 2 3 4 5 6 7 8 9 10 Always
8. I am willing to face the truth, even when it goes against me or what I think.
Never 0 1 2 3 4 5 6 7 8 9 10 Always
9. I accept responsibility for the future direction and accomplishments of my organization.
Never 0 1 2 3 4 5 6 7 8 9 10 Always
10. I accept ownership of the results of my decisions and actions.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

11. I look at myself first when my governing body's results are disappointing.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

Answerability Self-Assessment Scale

12. I explain the reasons for my decisions, for example, I explain to stakeholders why a particular action was not taken.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

13. I answer questions from stakeholders.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

14. I provide explanations for the performance shortfalls without making excuses.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

15. I welcome constructive feedback of my actions.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

16. I openly admit my mistakes to stakeholders.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

17. I take quick action to deal with the consequences of a mistake.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

Integrity Self-Assessment Scale

18. I make sure that my actions are always ethical.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

19. I can be trusted to serve the interests of the public rather than my own personal interests.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

20. I do what I say.

Never 0 1 2 3 4 5 6 7 8 9 10 Always

References and Resources

Center for Healthcare Governance. 2010. *Competency-Based Governance: A Foundation for Board and Organizational Effectiveness*. American Hospital Association, Health Research & Educational Trust, and Hospira. Chicago, IL.)

BoardSource. 2010. *The Handbook of Nonprofit Governance*. Jossey Bass. San Francisco, CA.

Hughes, S. R., Lakey, B. M. and Flynn, O. 2003. *Governance Committee*. BoardSource. National Center for Nonprofit Boards. Washington, DC.

Ingram, Richard T. 2009. *Ten Basic Responsibilities of Nonprofit Boards*. BoardSource. Washington, DC.



Training Facilitation Handbook

Governance Enhancement Course for Health Ministry Governance Leaders and Staff

June 2014



Funding was provided by the United States Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-11-00015. The contents are the responsibility of the Leadership, Management, and Governance Project and do not necessarily reflect the views of USAID or the United States Government.

Table of contents

Acknowledgements.....	4
Introduction	5
Learning Plan.....	8
Instructions for Facilitators	11
Session 1: Accessing the Governance Resource Suite	31
Session 2: Applying the Challenge Model.....	38
Session 3: Reviewing roles and responsibilities of a governing body.....	43
Session 4: Cultivating accountability.....	47
Session 5: Engaging stakeholders	54
Session 6: Setting a shared strategic direction	61
Session 7: Stewarding resources.....	67
Session 8: Assessing and enhancing governance.....	74
Session 9: Promoting competency-based governance.....	85
Session 10: Establishing infrastructure for effective governance.....	91
Session 11: Governance enhancement planning.....	97
Session 12: Evaluating the learning experience.....	101
Appendix 1: MOH Governing Body Governance Development Plan.....	106
Appendix 2: Case study for reflection.....	115
Appendix 3: Want to learn more?	117

Acknowledgements

This work was funded by the United States Agency for International Development (USAID) through the Leadership, Management, and Governance (LMG) Project. The LMG Project team thanks the staff of the USAID Office of Population and Reproductive Health, in particular, the LMG Project Agreement Officer's Representative and her team for their constant encouragement and support.

This training handbook and the accompanying guides on governance represent the collective effort and input of many experts in public health leadership, management, and governance. The LMG Project would like to take a moment to acknowledge the individuals who have made these materials possible.

We would like to thank members of the LMG team for their dedication to the learning opportunity these handbooks provide. Dr. Mahesh Shukla, Senior Technical Advisor on Governance, and Dr. James A. Rice, Project Director, have been instrumental in creating and shaping these handbooks on governance. Ummuro Adano, Lourdes de la Peza, Stephanie Calves, and Sarah Johnson served as internal reviewers and their suggestions have been very useful. The support of Xavier Alterescu, Megan Kearns, Laura Lartigue, Jeremy Malhotra, Elizabeth Walsh, Dana Bos, and Alison Ellis has been critical to the completion of these handbooks.

LMG would also like to thank other colleagues at Management Sciences for Health (MSH), specifically Karen Chio and Sharon May, for their instructional design review and inputs. A special thanks to MSH Ethiopia for giving us an opportunity to pilot test the handbooks and for providing essential feedback on their practical application.

The LMG Project team thanks the hundreds of leaders, managers, and people who govern in the health sector and health institutions in low- and middle-income countries, who spent substantial time in taking our surveys and interviews in 2012. The five effective governing practices were identified based on insights they shared during these inquiries. Special thanks are extended to the three Provincial Public Health Coordination Committees and eleven District Health Coordination Committees in Afghanistan who pilot tested the five governing practices with encouraging results.

Finally, LMG would like to thank all of the individuals and organizations striving to improve health sector governance all over the world. We hope this handbook and the accompanying governance guides will serve as valuable resources for continued support of good governance.

Introduction

Effective governance is *the big enabler* for those who lead, manage, and deliver health services that result in better health care and health gains. This training handbook is designed to facilitate the governance orientation and continuing governance education and enhancement of the people invited to serve on governing bodies of the MOH. Similar handbooks have been developed to facilitate governance enhancement in the provincial health systems, district health systems, hospitals and health centers. The training handbooks are expected to be used by the facilitators in conjunction with the five guides on effective governing practices.

Governance Learning Experiences Design

The learning experiences this handbook facilitates have the following essential characteristics:

- Practical and interesting for persons at all levels of education and experience.
- Focused on important challenges known to frustrate or facilitate effective governance in diverse governing bodies.
- Use experiential learning in which participants tap into their own situations, problems, and experiences to bring the learning concepts, tools, and materials to life.
- Guided by evidence from low- and middle-income countries on what actually works, participants' knowledge and experiences are enhanced, leading to more effective governance of health service organizations.

The Audience

Countries now have thousands of health, civic, community, and business leaders invited to serve on multi-sectoral governing bodies in the health sector. These governing bodies have varying degrees of authority and responsibility to help ensure that their organization's health services are well designed, understood, well managed, and used by the people, families, and communities they exist to serve.

The learning experiences in this series of handbooks have been designed to serve the needs of the governing bodies of projects, programs, health centers, hospitals, provincial and district health councils, health regulatory bodies, health professional associations, and civil society organizations that are engaged in:

- Health care
- Malaria
- Tuberculosis (TB)
- HIV and AIDS
- Maternal, newborn and child health
- Family planning and reproductive health
- Other health services

Leaders who govern and members of the governing bodies are the target audience for the learning experiences described in this handbook. We also expect that the senior managers and

health providers engaged with these leaders serving on the governing bodies will participate in the learning experiences. We anticipate that the participants will have a wide range of backgrounds and competencies. Some will have advanced university education, many may be new to health systems, and those serving in remote areas may have had limited opportunities for formal training or education. All, however, can make valuable contributions to the effective governance of their health organization, and all are respected participants in the learning experiences.

Governance Learning Resources

This training handbook does not stand alone. The handbook is intended to be used in conjunction with a learning pledge and with other resources:

1. An individual and organizational pledge to engage and participate fully in order to optimize the value gained from the learning experience.
2. Additional handbooks especially designed for each type of setting (i.e., governing bodies or leaders who govern ministries of health, provincial health systems, district health systems, hospitals and health centers).
3. Five guides on how to apply the effective governing practices (i.e., cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and assessing and enhancing governance) that contribute to good governance, health system strengthening, and better health outcomes.
4. A reference library on the web portal that is continuously updated with information on trends and evidence of the value of effective governance.
5. LMG's web portal contains the reference materials and other materials including the experiences and guidance of others who are successfully engaged in strengthening governance. In the future, LMG plans to further develop this suite of resource materials to support the capacity development of managers and members of governing bodies who are dedicated to strengthening the performance and results of health systems in low- and middle- income countries. LMG plans to add (1) a learning lab kit, with a variety of tools, templates, and worksheets that facilitators can use to engage learners, and (2) case studies, scenarios, and tools for team and experiential learning, and select readings and video-taped insights for those less literate.

We hope the leaders who govern and governing bodies will enjoy the journey to master effective governance using these resources.

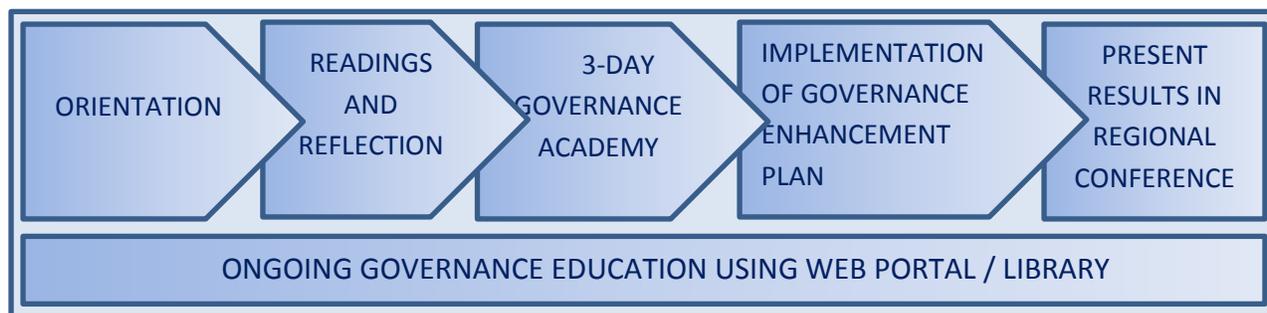
Who can be a facilitator?

Leadership, management, and governance trainers can be facilitators for the delivery of these learning experiences. A senior manager from the organization whose governing body wants to learn and benefit from these learning experiences is also a good candidate for being a facilitator. The selected facilitator has two options to get ready for facilitation: prepare himself or herself through self-study of the materials, or go through a *Training of Governance Trainers Program* offered by the LMG Project. You may contact Project Director Jim Rice (jrice@msh.org) to find out more about the training programs for the governance leaders, training of trainers, or for any help in using these materials.

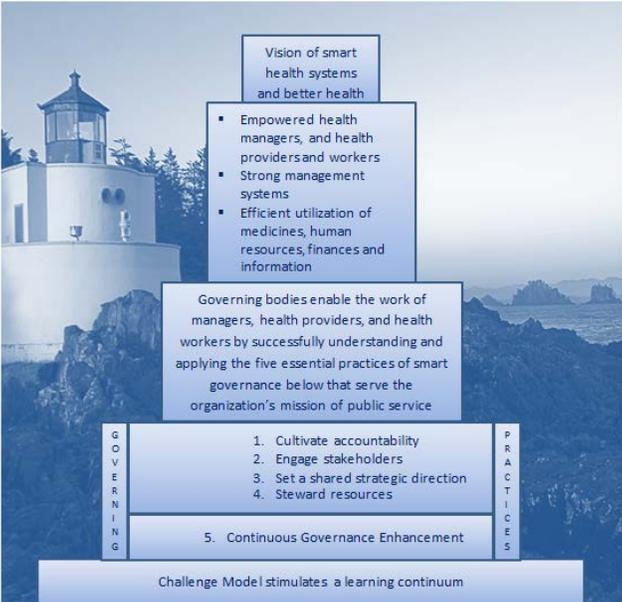
Governance Learning Continuum

The five guides can also be used as self-study resources by the governance leaders or governing bodies to learn about the governing practices and apply them. However, learning will be more effective if a structured training program is organized using the training handbook, following the learning continuum. The learning continuum comprises a carefully designed learning experience consisting of: general orientation of new governing body members; readings, reflection, and collective self-assessment by the governing body; a three-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered; implementation of a governance enhancement plan and an action plan to improve selected measures of the organization’s performance; and presentation of lessons learned and results in a regional conference; all of this is supported by continuous governance education using the resources available on the LMG website (<http://www.lmgforhealth.org/expertise/governing>).

Governance Learning Continuum



The figure below depicts how governance education will help the health leaders learn and apply the five effective governing practices and achieve better health performance of their health systems.



Learning Plan

The table below illustrates a learning plan which follows the governance learning continuum described above.

Orientation of new members appointed to the governing body ↓			Before the Governance Academy	Ongoing Governance Education Using Governance Reference Library and Governance Web Portal
Select readings on governance and effective governing practices				
Collective self-assessment of governing body performance in a special meeting ↓				
Reflection on the current state of governance Participants apply the Challenge Model to governance in their own setting				
Governance Academy				
Day 1	Day 2	Day 3	3-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered	
Accessing Governance Resource Suite	Engaging with stakeholders	Competency-based governance		
Participants apply the Challenge Model to governance in their own setting	Setting a shared strategic direction	Infrastructure for effective governance		
Roles and responsibilities of a governing body	Stewarding resources	Planning governance enhancement		
Cultivating accountability	Assessing and enhancing governance	Evaluating the learning experience		
↓			After the Governance Academy	
Consistent application of the five governing practices and implementation of a governance enhancement action plan over six to twelve months to influence two to three strategic measures of organizational performance				
Regular monitoring of the implementation of the action plan in the governing body meetings				
Presentation of the results and lessons learned in the Regional Conference				
Ongoing periodic assessment of governance at all levels (governing body as a whole, its committees, and individual members)				
Chair and governance committee take responsibility for continuous governance enhancement			Continuous application	
Governing body renews itself from time to time with recruitment of new members and governance education cycle continues				

What is in it for me?

Benefits for the facilitators

This is a challenging professional assignment for facilitators. Facilitators will gain an in-depth knowledge of governance and of effective governing practices. They will have the opportunity to engage with very high-level leaders in the health system and health sector. These are busy people with very important responsibilities. To work with them and help them achieve measurable results will be the ultimate test of facilitation skills; the challenge for the facilitator is to help the participants adopt the five effective governing practices in their governing behavior. There will be increasing demand for their facilitation services as health systems governance increasingly becomes recognized as a prominent health systems building block in need of capacity development.

Benefits for the participants

Improving governance is one of the essential elements of realizing the dream of a strong health system achieving greater health impact. Good governance enables the effective use of medicines, information, human resources, and finances to deliver better health service performance and better health outcomes. There is an emerging body of evidence that shows that effective governance improves health outcomes. Poor governance, on the contrary, has been found to undermine the vitality of the health system, making it less effective, less efficient, less equitable, and less responsive to the people it is intended to serve.

Through this training, participants have an opportunity to learn, adapt, adopt, and apply five evidence-based practices of governance. The program will also help them periodically assess and continuously improve their governance. All five practices, when put into operation in a health system, enable improved health system performance and better protection, promotion, and restoration of health. Most importantly, the five practices help the leaders who govern achieve and demonstrate better organizational performance and better results to their stakeholders.

Leaders who govern do so in close partnership with health managers, health providers, health workers, community leaders, patients, and governance leaders in other sectors. They facilitate the work of managers who in turn facilitate the work of clinicians and health workers. This course, when jointly taken by governing body members, senior managers, and clinician leaders will have a positive synergistic effect on the performance of the organization.

After taking this course, leaders who govern will be able to make important 21st century governance shifts.

Governance Shifts

#	Shift from ...	Shift to ...
1	Labor-intensive 20 th century governance	Technology-supported 21 st century governance processes
2	Governance as usual	Pursuit of efficiency and sustainability in health systems
3	Input-oriented governance	Results-orientation, i.e., culture of measuring and reporting results
4	Arbitrary decision-making processes	Transparent decision-making processes
5	Intuition- and opinion-based governance	Evidence-based governance
6	Authoritarian decision making	Stakeholder engagement in governance decision making
7	Management-driven strategic planning	Stakeholder needs-driven strategic planning
8	Appointments to governing positions based on personal relationships	Competency-based appointments to governing positions
9	Static governance process	Continuous governance enhancement
10	Male-dominated governance	Women holding governance positions
11	Silo-like health ministry	Whole-of-society and whole-of-government governance
12	Central Ministry of Health control	Decentralized provincial and district health governing bodies

(Source: MSH. 2005. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA.)

Instructions for Facilitators

General instructions

Familiarize yourself with the learning domains relevant to governance education. These domains include cognitive, affective, and interpersonal dimensions.

Cognitive Domain

The cognitive domain focuses on intellectual skills (knowledge, comprehension, application, analysis, synthesis, and evaluation) and encompasses the increasing complexity of intellectual skills as students or participants advance their knowledge of content. This domain is the core learning domain. Collaborative assignments, such as group work included in the individual sessions in the Governance Academy, help participants gain advanced intellectual skills, such as application, analysis, and synthesis. The academy sessions are designed so that the participants get to know the five effective governing practices, apply them to their context and evaluate themselves/ their governing body on these practices.

Affective Domain

The affective domain is critical for learning. This is the domain that deals with attitudes, motivation, willingness to participate, valuing what is being learned, and ultimately, incorporating the values of a discipline into a way of life. Elements in this domain are:

- Receiving (willing to listen)
- Responding (willing to participate)
- Valuing (willing to be involved)
- Organizing (willing to be an advocate)
- Characterization (willing to change one's attitude, behavior, practice, or way of life)

The facilitators should note that the following factors enhance affective learning: informing the participants of the value of the course; having alumni who are using the

knowledge from the course in their governing roles explain the value of the course; giving an overview of the resources and resource persons available to help participants; allowing participants time to raise questions and give feedback; and encouraging participants to set goals for themselves that are reasonable.

Interpersonal Domain

The interpersonal domain focuses on people interacting with others. The skills in this domain include the following:

- Seeking/giving information
- Proposing (putting forward an idea)
- Building and supporting (helping another person's idea move forward)
- Bringing in (involving another)
- Disagreeing (appropriately offering a difference of opinion)
- Summarizing (restating in a compact form a discussion or collection of ideas)
- Others, such as negotiating, compromising, facilitating, and leading

Participants will use several of these interpersonal skills in the group work included in the individual sessions. Facilitators should encourage the groups to use positive interpersonal skills.

The handbooks and sessions have design features that encourage learning in all the three domains. They include: critical questioning; reflection; giving feedback on the processes of team and group dynamics; creating governance enhancement plans; discussion; peer involvement; problem-based learning; group analysis and synthesis of governing practices; and sharing perspectives. Facilitators should use and encourage the use of these features.

Using the Five Guides and this Training Handbook

We have developed guides to help the governing body members and leaders who govern operationalize each of the five effective governing practices in a health sector organization.

These practices are:

1. Cultivating accountability
2. Engaging stakeholders
3. Setting a shared strategic direction
4. Stewarding resources
5. Assessing and enhancing governance

This training handbook is an accompaniment to the five guides. It may be used as a facilitation resource for trainers/facilitators to build the capacity of both governance leaders (leaders who govern) of the MOH as well as MOH management leaders who support good governance practices. An important component of the governance learning plan is the 3-day workshop that we refer to as Governance Academy. The handbook gives detailed guidance on setting up and conducting Governance Academies through which the knowledge and skills in applying the five governing practices can best be mastered.

Before the Governance Academy

A sample invitation letter is provided at the end of this chapter. A suitable adaptation of this sample letter of invitation should be sent to participants well in advance, preferably three months in advance of the Governance Academy. Participants will use this lead time to do essential reading, reflection, and the collective governance self-assessment, which serves as the basis for applying the Challenge Model to their governance.

The learning plan, learning continuum, schedule of the three-day academy, compulsory reading materials, and instructions on applying the Challenge Model should accompany the invitation letter.

Prior reading and specific pre-work related to the readings:

It is essential that the participants read the following three publications in advance:

1. The eManager issue on “How to Govern Health Sector and Its Institutions Effectively” available at <http://www.lmgforhealth.org/expertise/governing>.
2. Chapter 3 of *Health Systems in Action: An eHandbook for Leaders and Managers* available at <http://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers>.
3. The five guides (cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and continuous governance assessment). These guides may be accessed at <http://www.lmgforhealth.org/expertise/governing>.

The preferred order for the readings is the eManager followed by the eHandbook chapter on governance followed by the guides. The guides offer participants opportunities for deep reflection on the new behaviors that need to be adopted and how to apply the effective governing practices in their own settings. The readings also set the stage for pre-work related to the self-assessments.

Pre-work related to the self-assessments and the Challenge Model

In the run up to the three-day Governance Academy, the governing body as a whole should conduct a collective self-assessment on how well they are performing their role and responsibilities. They may adapt and use one of the many formats given in the Appendices in the Guide for Continuous Governance Enhancement, or the assessment tool contained in Appendix 1 of this Handbook. This self-assessment will be shared with the facilitator to enable appropriate preparation for the learning experience.

In addition, the governing body as a whole will apply the Challenge Model to their governance. (A review of the use of the Challenge Model is contained in the Guide for Setting a Shared Strategic Direction and is more fully described in the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services* available at <http://www.msh.org/resource-center/managers-who-lead.cfm>.) Using the Challenge Model, the governing body members will define their vision of good governance in light of their organization’s mission. They will then apply the Challenge Model to governance in their own setting. Based on their experience, they

will assess their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenges, identify two or three strategic measures of organizational performance that their governing body wants to influence through the use of good governance, and pinpoint key priority actions they will undertake to overcome the obstacles.

When applying the Challenge Model, the members will reflect on what frustrates and what facilitates good governance in their setting and also how to overcome the obstacles. They will also reflect on their governance capacity building needs.

Facilitators need to prepare well for the Governance Academy experience. They should familiarize themselves with the use of the “Challenge Model” and “Root Cause Analysis” techniques. (These are well described in *Managers Who Lead: A Handbook for Improving Health Services* available at <http://www.msh.org/resource-center/managers-who-lead.cfm>. Root cause analysis is also covered in the Appendix to the Guide for Setting a Shared Strategic Direction.) If participants are able to successfully and effectively apply these techniques to their governance, they are likely to better appreciate the value of improving their governance and the value of this learning experience in helping them improve their governance as an essential enabler for the work of the organization as it pursues its mission.

Facilitators will also need to learn about facilitating a SWOT (strengths, weaknesses, opportunities and threats) analysis. *Opportunities* are external factors in the environment that may improve performance and *threats* are external elements in the environment that could cause trouble, whereas *strengths* and *weaknesses* (strong points and weak spots) are internal attributes of the governing body. University of Kansas has a free online resource on its community toolbox site on how to conduct SWOT analysis <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main>.

Reading materials and handouts

Facilitators should review the session outlines, collect all the reading materials from the LMG Project (available at <http://www.lmgforhealth.org/expertise/governing>), and print/make sufficient copies for participants. They should judge what works best in their context, i.e., giving a soft copy of all materials on a flash drive, or giving hard copies or both. Participants will need to have the relevant guide available during a session on a particular governing practice as a reference material. Handouts to be given during the session are clearly described or exhibited in this training handbook.

During the Governance Academy

The Governance Academy is an intense three-day learning experience that requires the full time and attention of all participants. Participants should understand and commit to setting time aside for this three-day program to strengthen their governance capacity. Successful completion of the Academy will help them have a concrete governance enhancement plan and an action plan to influence two to three strategic measures of their organizational

performance. They will implement these plans over next six to twelve months and obtain measurable results for their stakeholders.

Facilitators should allow the participants time to raise questions and provide their feedback during the three-day academy. This will increase their willingness to listen, willingness to participate, willingness to be involved, and willingness to adopt the five effective governing practices.

Sessions

The facilitator will be expected to plan and conduct 12 sessions in the Governance Academy. The academy has been designed to help the MOH governance leaders and senior staff members understand, master, and feel more comfortable, confident, and competent in applying the five effective governing practices in their own setting. The sessions will also enhance the governing competencies of governance leaders and staff. The sessions broadly follow the outline below.

Focus: Theme or topic is mentioned in the title of each session.

Content: One session on each of the five effective governing practices as well as other preparatory and supportive sessions.

Duration: Each session is one or two hours, except the one on governance enhancement planning, which is three hours long.

Goals and objectives: Specific trainer goals and learning objectives are described in the session description.

Participants: The session participants are the MOH governance leaders and staff.

Outline: The session outline specifies a set of participant activities (how participants will accomplish the curriculum objectives) and essential questions (what central questions participants will answer as the session unfolds).

Resources: Background reading and session handouts describe resources the facilitator should use to help participants accomplish the curriculum.

Assessment activities: Session handouts and assessment activities are suggested. Grading is done by the facilitator on group presentations. A grading tool is given to help the facilitator grade the presentation and determine if participants: a) have achieved the objectives of the session, and b) can answer the essential questions central to the topic of the session. The facilitator may use scores from the grading of groups' performance at the conclusion of each session in a variety of ways. The facilitator may use the scores to motivate the groups and individual members to contribute, pay attention, do the work, etc.

The Governance Academy should be conducted in a three full-day workshop format. About eight hours of activities should be planned in a training day. In addition to the training sessions, time should be provided for recap of the earlier day, inter-session breaks, and closing discussions. All learning is expected to take place in a highly interactive mode, with extensive small and large group discussions and exchange of ideas.

During each session:

- The participants will be divided into small learning groups.
- Each group will have five to six participants.
- Two to four groups will participate in a break-out session facilitated by one facilitator. The total number of facilitators needed will depend on the number of participants invited to the academy.
 - If there are 10–24 participants participating in the academy, one facilitator will be needed to deliver the training effectively. If more than 24 participants and up to 40 participants are attending, two facilitators will be needed. If more than 40 participants are participating, three facilitators will be needed.
 - Each break-out session will need a separate room or space. For example, one, two, or three rooms/spaces will be needed for group work if there are 15, 30, or 45 participants, respectively. A big hall will be needed for the plenary discussion.

In general, the basic design of a session is two to four groups of five to six participants from the same setting identify their governance challenges and design solutions. For example, participants could be from many different departments but they should be from MOH only. The participants will discuss the same set of central questions in a session, and each group will make a presentation to the other groups on what they propose to do to implement the specific effective governing practice discussed in the session.

All sessions are practice-oriented, based on an experiential learning methodology, and do not deal with theoretical aspects during the academy.

Theoretical concepts and applications in practice are covered in the reference texts: the five guides on five effective governing practices, eManager on “How to Govern Health Sector and Its Institutions Effectively,” and Chapter 3 on governance in the MSH publication, *Health Systems in Action: An eHandbook for Leaders and Managers*.

As described above, we recommend that these reference texts be sent with the invitation letter for the Governance Academy. The participants should use the time available to them during their busy schedules to read and reflect on these reference texts. In this way, they will gain a theoretical and practical understanding and be more prepared for the experiential learning during the academy.

The desired outcomes of the training are defined in detail in this handbook. To achieve the outcomes in an effective and efficient way, the academy sponsors and organizers should consider:

- Learning context (what constraints do you anticipate?)
- Content expertise (what content experts are available to help?)
- Training expertise (what training experts are available to deliver the training?)
- Logistical requirements (based on size and number of participants)
- Language preference of the participants

Based on these criteria, appropriate modifications may need to be made to the suggested design of the Governance Academy.

After the Governance Academy

On successful completion of the Governance Academy, participants will have two plans in hand: a "Plan for Governance Enhancement," and an action plan for applying the five governing practices to improve two to three strategic measures of their organization's performance. Over the next six to twelve months, participants will be expected to consistently apply the five governing practices and implement their governance enhancement plan and action plan. They will monitor the implementation of these plans in their governing body meetings. The governing body will present the results and lessons learned in a Regional Conference to be scheduled by key leaders in the area.

As an outcome of the learning process, participants learn to conduct periodic assessments of their governance by the governing body as a whole, its committees, and at the individual member level. As discussed earlier, they will use the results of these assessments to further improve their governance and their organization's performance. The Chair and governance committee should take responsibility for the continuing governance education and continuous governance enhancement of the governing body. The governing body renews itself from time to time with recruitment of new members. New members should receive orientation on their role and responsibilities and the state of their health system. The Chair and the governance committee should consider providing mentorship opportunities to the new members.

Governance enhancement plan consists of periodically assessing governing practices and continuously trying to improve these practices. Continuous governance enhancement is accomplished through regular governance assessments, governance orientation and education, building diversity in the governing body, cultivating essential governance competencies, conducting productive meetings, establishing governance policies, and using governance technologies like dashboard.

The primary purpose of enhancing governance is to improve the organizational performance. For this reason, governance leaders working with the senior management and with key stakeholders develop an action plan to improve two to three strategic measures of the organization's performance. This involves practical use of the governance competencies and capacity of the governing body and also consistent application of the effective governing practices they learned in course of the governance enhancement education. When the governance leaders see their governance decisions translating into higher organizational performance, they may be inclined to consistently apply the effective governing practices. A virtuous cycle is set into motion, improved governance leading to better organizational performance, which in turn motivates the governance leaders to continuously enhance their governance.

Sample invitation letter

(This is a sample invitation letter from the facilitator to the members of the governing body and senior management to participate in the governance learning experience. The facilitator should make appropriate modifications to the letter based on the context and the local situation.)

Welcome to Your Governing Body Role,

We congratulate you for being invited to serve on the governing body and to perform a governing role. This invitation indicates that you have been recognized as a wise leader in your community or region, and that you are believed to have a keen interest in helping support the mission of your organization.

As a new governing body member, you are beginning a period of service that brings with it prestige, credibility, influence, and personal satisfaction. You bring a lot of time, effort, and a sincere desire to improve the health of your community and to guide the plans and vitality of your organization.

What are the five most important roles of your governing body for this health service organization?

1. Bring needs of beneficiaries in to the plans and work of the organization.
2. Advocate for the needs of the organization to stakeholders.
3. Support management to develop service quality.
4. Support management to develop the economic vitality of the organization.
5. Help management to protect and achieve the mission of the organization.

While the legal status of each governing body has slightly different authorities in each country and for each type of health service organization or health facility, the legally-constituted governing body is expected to be a careful steward of the organization's mission and its many resources by the people and the government on behalf of the people.

In the eyes of the law of most countries, governing body members have an ethical obligation that should not be divested through delegation to committees or to management. As a member of this governing body, you are held to a very high standard of conduct. You, and others serving on this governing body, are charged with safeguarding the mission of the organization, protecting and enhancing the assets of the organization, protecting patients or other beneficiaries from harm, and not getting any personal gain from your relationship with this organization, other than a sense of pride that your time and talents are being used wisely and well to serve the people.

Governing Body Leadership

You have been selected as a governing body member because you bring important knowledge, skills, and experience to the organization's policy making and oversight duties. This probably results from your demonstrated abilities to lead and support others.

Leadership in the setting of a health sector governing body has specific attributes. We want you to feel comfortable that, after reading certain reference documents and/or attending your organization's orientation program, you will have added a few new leadership attributes to your own. For this reason, we suggest that you will want to discuss the following draft governing body roles and responsibilities as you prepare for your work on this governing body.

You will have an opportunity to learn more about the role of this organization to protect, promote, and restore health for the people of this region. You will also be able to participate in the "Governance Academy" that supports the continued enhancement of your capabilities to be a high performing member of your governing body. We hope you will be proud of your governing body service and appreciate the opportunity to work with other respected colleagues on this body in the years ahead.

Governing Body Leadership Responsibilities

As you plan for your service on this governing body, we hope that you will conduct yourself in a way that helps the staff and external stakeholders develop confidence:

- In the quality and safety of the organization's health services.
- That resources are invested in a way that delivers optimal health outcomes to the people the organization exists to serve.
- In the accessibility and responsiveness of the organization's health staff and health services.
- That beneficiaries, patients, and the public can engage to help to shape health services that meet their needs.
- That the public's money is spent in a way that is fair, efficient, effective, and economic.

To succeed in accomplishing these responsibilities, you will want to learn how you can best understand and implement four essential practices:

1. Help establish a culture in the governing body and in your organization that expects transparent decision making and reporting of results from the work of the organization's staff and partners. You are expected to **help the organization be accountable for its decisions and behaviors** in the governing body, the management, the health care workers, and you yourself as a high performing member.
2. You listen carefully to the needs, fears, pains, and expectations of all stakeholders engaged in the work of the organization. **You are to be effective at stakeholder engagement.**
3. One of the most important practices is to work with other members of the governing body and the organization's management to establish a "strategic road map" for the organization to achieve superior performance and health care outcomes. You are to be **effective at setting strategic direction** for the organization.
4. You do not own this organization, rather, you hold it in trust for the people the organization exists to serve. You are expected to **be a good steward of the organization's scarce resources**—human, technological, and financial.

The resources you will be able to access in your journey for continuous governance improvement include the guides on applying the give effective governing practices.

Attached to this letter are the learning plan, learning continuum, schedule of the three-day Governance Academy, materials for reading to be done prior to the Academy, and instructions on applying the Challenge Model to your governance. As your facilitator, I will further assist you in accessing useful governance resources during the Academy.

Prior reading and specific pre-work related to the readings

It is essential that you read the following three publications in advance and reflect on what they say.

1. The eManager issue on “How to Govern Health Sector and Its Institutions Effectively” available at <http://www.lmgforhealth.org/expertise/governing>
2. Chapter 3 of *Health Systems in Action: An eHandbook for Leaders and Managers* available at <http://www.msh.org/resources/health-systems-in-action-an-e-handbook-for-leaders-and-managers>.
3. The five guides (one each on cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and continuous governance enhancement). These guides may be accessed at <http://www.lmgforhealth.org/expertise/governing>.

The guides will help you reflect on new behaviors that need to be adopted and how to apply the effective governing practices in your own setting.

Pre-work related to the self-assessments and the Challenge Model

In the run up to the three-day Governance Academy, your governing body as a whole should conduct a collective self-assessment on how well the governing body is performing its role and discharging its responsibilities. You may adapt and use one of the many formats given in the Appendices of the Guide for Continuous Governance Enhancement for this purpose, or the assessment tool contained in Appendix 1 of this Handbook. In addition, the governing body as a whole will apply the Challenge Model to its governance, and reflect on what frustrates and what facilitates good governance in its setting and also how to overcome the obstacles. The governing body will have an opportunity to review the results of the Challenge Model during the academy.

You may always ask questions about your governance work and this orientation program by contacting us here:

Facilitator will give his or her contact details here.

(Letter ends here.)

The facilitator may use the following illustrative schedule and adapt it appropriately while designing her or his schedule suitable for the local circumstances.

Illustrative schedule of the three-day Governance Academy

Time	Activity	Type of activity
Day 1		
8:00 – 8:30	Registration and refreshments	
8:30 – 8:45	Recitation of Prayer	Recitation
	Introductory speeches <ul style="list-style-type: none"> • Speech 1 • Speech 2 	Speeches in Plenary Session
8:45 – 9:45	Introductory session	Group work
9:45 – 10:00	Tea Break	Group work
10:00 – 11:00	Session 1: Accessing Governance Resource Suite	Group work
11:00 – 12:00	Session 2: Participants apply the Challenge Model to governance in their own setting	Group work
12:00 – 1:00	Lunch	
1:00 – 2:00	Session 3: Roles and responsibilities of a governing body	Group work
2:00 – 2:15	Tea Break	
2:15 – 4:15	Session 4: Cultivating accountability	Group work
4:15 – 4:30	End of the day evaluation (evaluation of sessions 1 to 4)	Evaluation
Day 2		
8:00 – 8:15	Recap of the earlier day	Plenary Session
8:15 – 10:15	Session 5: Engaging with stakeholders	Group work
10:15 – 10:30	Tea Break	
10:30 – 12:30	Session 6: Setting a shared strategic direction	Group work
12:30 – 1:30	Lunch	
1:30 – 3:30	Session 7: Stewarding resources	Group work
3:30 – 3:45	Tea Break	
3:45 – 5:45	Session 8: Assessing and enhancing governance	Group work
5:45 – 6:00	End of the day evaluation (evaluation of sessions 5 to 8)	Evaluation
Day 3		
8:30 – 8:45	Recap of the earlier day	Plenary Session
8:45 – 9:45	Session 9: Competency-based governance	Group work
9:45 – 10:00	Tea Break	
10:00 – 11:00	Session 10: Infrastructure for effective governance	Group work
11:00 – 12:00	Session 11: Compilation of governance enhancement plan	Group work
12:00 – 1:00	Lunch	
1:00 – 3:00	Session 11: Compilation of governance enhancement plan (Continued)	Group work
3:00 – 3:30	Tea Break	
3:30 – 4:30	Session 12: Evaluating the learning experience Conclusion of the academy with discussion in Plenary Session on what participants learned and next steps to be taken in the coming six to twelve months	Closing of the workshop in Plenary Session

Learning objectives

Introductory session

1. Get to know each other better.
2. Each participant records the baseline level of knowledge about effective governance using an instrument for self-assessment.
3. Better appreciate the importance of good governance as an enabler of enhanced health system performance.
4. Express training needs and expectations from the academy.
5. Better understand the role of fellow participants in learning.

Session 1

Accessing Governance Resource Suite

1. Get to know the Governance Resource Suite and what is available in the suite.
2. Get to know how to access it and use it, when it becomes available.
3. Express any needs for other resource materials that will facilitate learning.

Session 2

Participants apply the Challenge Model to governance in their own setting

1. Discuss, define, and describe governance and good governance.
2. Discuss what is working, what is not working in your governance, and what could be done to improve it.
3. Apply the MSH Challenge Model to governance in your own setting, discuss your current governance situation, identify obstacles and root causes that come in the way of governing well, define your key governance challenge, identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance, and pinpoint key priority actions you will take to overcome the obstacles.
4. Articulate your governance capacity building needs.

Session 3

Roles and responsibilities of a governing body

1. Get to know twelve key roles and responsibilities of a governing body.
2. Compare your own roles and responsibilities with the twelve key roles and responsibilities.
3. Identify, discuss, describe, and internalize key governance responsibilities.
4. Articulate your governance capacity building needs.

Session 4

Cultivating accountability

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.

3. Brainstorm and clarify how to cultivate accountability in your department, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 5

Engaging stakeholders

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to engage with stakeholders of your department, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 6

Setting a shared strategic direction

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to set a shared strategic direction in your department, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 7

Stewarding resources

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to steward resources of your department, i.e., what specific actions should be taken to put it into practice?
4. Review an individual self-assessment of this practice.

Session 8

Assessing and enhancing governance

1. Describe this effective governing practice.
2. Recall and discuss the foundational principles of this practice.
3. Understand the benefits of good self-assessments, and the risks of poor or infrequent self-assessments.
4. Brainstorm and clarify how to periodically assess and continuously enhance governance of your department, i.e., what specific actions should be taken to put it into practice?
5. Review various governance assessments and self-assessments.
6. Brainstorm and adapt governance assessments you will use in your department.

Session 9

Competency-based governance

1. Get to know twenty key competencies of a governing body.
2. Compare the skills profile of your governing body and discuss how it compares with the competency matrix of twenty core competencies.

3. Identify, discuss, and describe key governing competencies required to govern well in your own setting.
4. Articulate your governance capacity building needs.

Session 10

Infrastructure for effective governance

1. Get to know key elements of governance infrastructure a governing body needs for effective governance.
2. Compare your own governance infrastructure with these key elements.
3. Identify, discuss, and describe governance infrastructure required to govern well and infrastructure gaps that exist in your setting.
4. Articulate their governance capacity building needs.

Session 11

Governance enhancement planning

1. Brainstorm and outline a governance enhancement plan for your governing body based on the discussions during the academy.
2. Identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance.
3. Outline an action plan comprising specific and concrete action steps that the governing body will take for consistent application of the five effective governing practices over six to twelve months to influence the two to three strategic measures of organizational performance.
4. Present the governance enhancement plan and governance action plan.

Session 12

Evaluating the learning experience

1. Evaluate the learning experience.
2. Make suggestions for its improvement for future participants.
3. Discuss next steps your governing body will take in the coming six to twelve months.

Introduction to Governance

Governance is a group process of making decisions to ensure the continuous vitality and performance of organizations or health systems providing services that protect, promote, or restore the health of the people. Governing bodies champion and enable an organization to fulfill its mission.

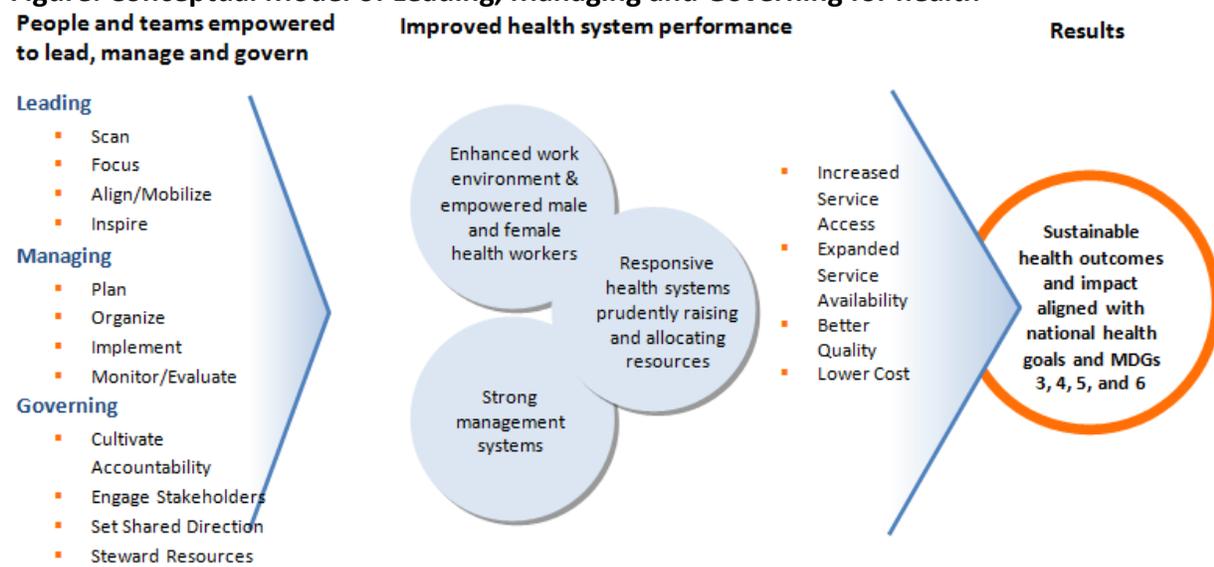
Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and making sure that the strategic goals and objectives are accomplished.

Governance for health is done with the objective of protecting and promoting the health of the people served by a public or private organization.

Governance is robust when (1) the decisions are based on accurate information, rigorous evidence, and shared values; (2) the governing process is transparent, inclusive, and responsive to the needs of the people that the ministry or the organization serves; (3) those who make and those who implement decisions are accountable; (4) the strategic objectives are effectively, efficiently, ethically, transparently, and equitably met; and (5) the vitality of the ministry or the organization is maintained and enhanced in its journey to accomplish its mission.

MSH's Leading, Managing and Governing for Results Conceptual Model below depicts how good leadership, management, and governing practices can enhance the performance of health systems to save lives and achieve significant and sustainable gains in the health status of populations.

Figure: Conceptual Model of Leading, Managing and Governing for health



(Source: MSH. 2005. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA.)

Governance in the context of health has come into sharper focus over the past decade. It has become one of the essential factors in the pursuit of stronger health systems, greater health impact, and enhanced country ownership. There is an emerging body of evidence demonstrating that effective governance improves health outcomes. Conversely, poor governance overall, and especially in the health sector, has contributed to poor health outcomes. It undermines the vitality of a health system, and makes it less effective, less efficient, less equitable, and less responsive to people it is intended to serve.

A compelling piece of evidence comes from the research conducted by Björkman and Svensson in 50 rural communities of Uganda. This work documents that community monitoring of health care providers improved health outcomes. Moreover, communities with a good governance intervention saw a significant increase in the weight of infants, and as much as a 33 percent reduction in mortality rates of children under five years of age.¹

Effective Governing Practices and Their Key Enablers

To fully understand governance and what makes it effective in the context of health, in 2012, the LMG Project carried out a web-based survey of 477 respondents in 80 countries, complemented by 25 key informant interviews in 16 countries. Survey respondents were people who hold leadership, governance, or management positions in health ministries and health institutions in low- and middle-income countries and who are members of the two LMG-supported online communities of practice of health leaders and health managers.

About 90 percent of the respondents defined governing in terms of inclusion, participation, and collaboration. In addition, they identified factors that enabled effective governing in the context of health, such as the use of performance data and scientific evidence, sound management, adequate financial resources for governing, openness and transparency, accountability to citizens and clients, and integrity. The survey and interview findings were then distilled into five governing practices. Thus, the review of the literature and the surveys and interviews of health leaders in the field defined the following five governing practices as essential to effective governance:

1. Cultivating accountability
2. Engaging stakeholders
3. Setting a shared strategic direction
4. Stewarding resources
5. Assessing and enhancing governance

Table 1 below lists the key enablers and principles that underpin these five practices.

¹ Björkman, M., Svensson, J. 2009. "Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda." *The Quarterly Journal of Economics*, 124(2): 735-769.

Table 1: Enablers and principles that underpin the five effective governing practices

Practice	Foundational Principles	Enablers	Resource
Cultivating accountability	Accountability, transparency, ethical and moral integrity, social justice, and oversight	Openness and transparency	Guide for Cultivating Accountability
Engaging stakeholders	Participation, representation, inclusion, diversity, gender equity, and conflict resolution	Inclusion and participation Gender-responsiveness Intersectoral collaboration	Guide for Engaging Stakeholders
Setting a shared direction	Stakeholder alignment, leadership, management, and advocacy	Effective leadership and management	Guide for Setting a Shared Strategic Direction
Stewarding resources	Financial accountability, social responsibility, ethical and moral integrity, resourcefulness, efficiency, and effectiveness	Ethical and moral integrity Pursuit of efficiency and sustainability Measurement of performance Use of information and evidence Use of technology in governing	Guide for Stewarding Resources
Assessing and enhancing governance	Performance measurement	Measurement of performance Use of information and evidence Use of technology in governing	Guide for Continuously Enhancing Governance

Introductory Session: Establishing rapport and understanding

During this session, participants—whether they already know each other or not—will get to know each other in various ways. Participants will be divided into groups of five to six individuals each. Introductions will help establish individual as well as group identity and give everyone a chance to define their training needs and expectations regarding governance capacity building.

Trainer goals

1. Help participants get to know each other and develop trust.
2. Identify what participants want to get out of the training.
3. Introduce the workshop objectives to the participants.
4. Record their baseline level of knowledge about effective governance.

Participant goals

1. Get to know each other better.
2. Assess your baseline level of knowledge about effective governance using an instrument.
3. Better appreciate the importance of good governance as an enabler of enhanced health system performance.
4. Express your training needs and expectations from the academy.
5. Better understand the role of fellow participants and the facilitator in your learning.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus
10 minutes	1. Introduction by the facilitator	1. Introduction of the training program 2. Introduction of the training materials
10 minutes	2. Participant introductions	Introductions and getting to know each other
30 minutes	3. Group discussion on the importance of good governance as an enabler of enhanced health system performance.	Why is governance important? What are the benefits of good governance? What are examples you have seen of good governance? What are the risks and the threats if governance is not performed well? What are examples of poor governance?
5 minutes	4. Group work	Facilitated discussion on what participants would like to learn during the training.
5 minutes	5. Baseline governance	Using the Governance Knowledge

Time	Activity	Focus
	knowledge assessment	Assessment Instrument (provided in session 12 of this handbook), participants assess their governance knowledge before the workshop.

Session outputs

1. Participants and the facilitator get to know each other.
2. Training needs of the participants clarified.
3. Clear understanding of the expectations of the participants from the workshop.
4. Explicit understanding of the value of good governance and the risks of poor governance.
5. Baseline governance knowledge assessment of the participants.

Governance Academy Sessions

1. Accessing the Governance Resource Suite
2. Applying the Challenge Model
3. Reviewing roles and responsibilities of a governing body
4. Cultivating accountability
5. Engaging with stakeholders
6. Setting a shared strategic direction
7. Stewarding resources
8. Assessing and enhancing governance
9. Promoting competency-based governance
10. Establishing infrastructure for effective governance
11. Planning for governance enhancement
12. Evaluating the learning experience

Session 1: Accessing the Governance Resource Suite

Session Design

During this session, participants will be introduced to LMG's Governance Resource Suite and how to access it. The Governance Resource Suite currently includes:

1. Governance Training Handbooks specifically designed for different settings (i.e., ministries of health, provincial and district health systems, hospitals, and health centers).
2. Five guides on how to apply the effective governing practices.

The suite is available at <http://www.lmgforhealth.org/expertise/governing>. The participants will be able to download and customize any of the tools and templates available in the suite.

In the future, LMG plans to further develop this suite of resource materials by adding (1) a learning lab kit, with a variety of tools, templates, and worksheets that facilitators can use to engage learners, and (2) case studies, scenarios, and tools for team and experiential learning, including selected readings and video-taped insights for those less literate.

We hope the resource suite will stimulate governing body leaders of civil society organizations, ministry of health bodies (at national, provincial, district, and community levels), public hospitals, and of family planning, HIV and AIDS, malaria and TB project-focused governing bodies to consider enhancements to the structures, style, systems, and effectiveness of their governance models and governance work.

Trainer Goals

1. Introduce the Governance Resource Suite to the participants.
2. Guide participants on how to access it and use it, when it becomes available.

Participant Goals

1. Get to know the Governance Resource Suite and what is available in the suite.
2. Get to know how to access it and use it when it becomes available
3. Express any needs for other resource materials that will facilitate learning.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	1. Learning objectives 2. Introduction of the topic 3. Introduction of the	Governance Resources Suite

Time	Activity	Focus	Relevant materials for reference
		handouts /materials/ guide 4. Presentation on the topic	
15 minutes	2. Small group work session	Each group discusses what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness.	As above
25 minutes	3. Plenary discussion	A group makes a presentation to the other groups on what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether participants have reached the learning objectives.	As above

Required Reading

1. Guide for Continuous Governance Enhancement
(Available at <http://www.lmgforhealth.org/expertise/governing>)

Background Reading

1. Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust (Available at <http://www.americangovernance.com/resources/reports/brp/2009/brp-2009.pdf>)

Session Handouts

1. Contents of the Governance Resource Suite

2. Governance Resource Suite Utilization Planning Tool

Session outputs

1. Presentations by the groups on what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness.
2. Facilitator's notes on his or her assessment of the groups and whether the participants have achieved the learning objectives.

Contents of the Governance Resource Suite

<p>Five guides:</p> <ol style="list-style-type: none"> 1. Guide for Cultivating Accountability 2. Guide for Engaging Stakeholders 3. Guide for Setting a Shared Strategic Direction 4. Guide for Stewarding Resources 5. Guide for Continuous Governance Enhancement
<p>Facilitator Handbooks:</p> <p>Training handbooks facilitate the delivery of the contents of these guides to the leaders or the governing bodies who govern the ministries of health, public hospitals, provincial and district health systems, and health centers.</p>
<p>Reference Library (To be customized to the learning needs of the participants)</p> <p>Governing Practices:</p> <ol style="list-style-type: none"> 1. MSH eManager issue on “How to Govern Health Sector and Its Institutions Effectively” (available at http://www.lmgforhealth.org/expertise/governing) 2. Chapter 3 of MSH’s <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> 3. Targeted literature review on governance (available at http://www.lmgforhealth.org/expertise/governing) 4. Synthesis of the findings of the LMG survey and interviews on governing practices (available at http://www.lmgforhealth.org/expertise/governing) 5. Five strategies to govern decentralized health systems <p>Evidence of impact on governance*:</p> <ol style="list-style-type: none"> 1. Björkman and Svensson, 2009 2. Olafsdottir et al., 2011 3. Rajkumar and Swaroop, 2008 4. Maureen Lewis, 2006 5. Results of the LMG’s Pilot Study in 3 Provinces and 11 Districts of Afghanistan <p>Governance frameworks**:</p> <ol style="list-style-type: none"> 1. Governance for Health in 21st Century (WHO European Region) 2. Veillard et al. (Stewardship in health) 3. Siddiqi et al. 4. Mikkelsen-Lopez et al. (Governance from a health systems perspective) 5. Brinkerhoff and Bossert 6. IPPF Code of Good Governance 7. NHS Code and Guide for Good Governance <p>Gender in Governance:</p> <ol style="list-style-type: none"> 1. Gender in leadership, management, and governance 2. UN Publications on Gender in Governance <p>Governance of Medicines***:</p> <ol style="list-style-type: none"> 1. WHO Model GGM Framework 2012 2. WHO Medicines Transparency Assessment Instrument 3. Pharmaceutical Governance (Strengthening Pharmaceutical Systems)
<p>Learning Toolkit with a variety of tools, worksheets and templates:</p> <p>Sample Charter</p> <p>Ideal Competency Profile</p> <p>Role and Responsibilities of Chairperson of Governing Body</p> <p>Roles and Responsibilities of Chairpersons of Key Committees on Planning, Finance, Quality and</p>

Governance Enhancement
Roles and Responsibilities of Members
Sample Meeting Agendas
Sample Calendar of Meetings
Sample Self-Assessments
Sample Meeting Book
Tools on Stakeholder Engagement
Tools to Help Set the Strategic Direction

* Björkman M, Svensson J. 2009. Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda. *The Quarterly Journal of Economics*, **124**(2), pp. 735-769.

*Olafsdottir A, Reidpath D, Pokhrel S, Allotey P. 2011. Health systems performance in sub-Saharan Africa: governance, outcome and equity. *BMC Public Health*, **11**(1), pp. 237.

*Rajkumar AS, Swaroop V. 2008. Public spending and outcomes: Does governance matter? *Journal of Development Economics*, **86**(1), pp. 96-111.

** Veillard JHM, Brown AD, Bariş E, Permanand G, Klazinga NS. 2011. Health system stewardship of National Health Ministries in the WHO European region: Concepts, functions and assessment framework. *Health Policy*, **103**(2-3), pp. 191-199.

Siddiqi S, Masud TI, Nishtar S et al. 2009. Framework for assessing governance of the health system in developing countries: Gateway to good governance. *Health Policy*, **90(1), pp. 13-25.

Mikkelsen-Lopez I, Wyss K, De Savigny D. 2011. An approach to addressing governance from a health system framework perspective. *BMC International Health and Human Rights*, **11(1), pp. 13.

**Brinkerhoff DW, Bossert TJ. 2008. *Health Governance: Concepts, Experience and Programming Options. Submitted to the U.S. Agency for International Development. Washington, DC: Health Systems 20/20.*

*** Anello E. 2008. Elements of a framework for good governance in the public pharmaceutical sector. In: *A framework for good governance in the pharmaceutical sector. GGM model framework. Working draft for field testing and revision.* Geneva: World Health Organization Department of Essential Medicines and Pharmaceutical Policies, pp. 19-30. Online at: <http://www.who.int/medicines/areas/policy/goodgovernance/GGMframework09.pdf>, accessed 13 June 2012.

***Strengthening Pharmaceutical Systems (SPS). 2011. Pharmaceuticals and the Public Interest: The Importance of Good Governance. *Submitted to the U.S. Agency for International Development by the SPS Program.* Arlington, VA: Management Sciences for Health, pp. 7-16.

Governance Resource Suite Utilization Planning Tool

	Usefulness rating					How the participants intend to use the resource
	1	2	3	4	5	
Governance Training Handbooks						
For MOH Governance Leaders and Governing Bodies						
For Provincial Health System Leaders and Governing Bodies						
For District Health System Leaders and Governing Bodies						
For Hospital Governing Bodies						
For Health Center Governing Bodies						
Governance Guides						
On Cultivating Accountability						
On Engaging Stakeholders						
On Setting a Shared Strategic Direction						
On Stewarding Resources						
On Continuous Governance Enhancement						
Case studies and scenarios for team and experiential learning (to be developed)						
Reference Library that is continuously updated on trends and evidence of the value of effective governance						
Learning Toolkit with a variety of tools, worksheets, and templates that facilitators can use to engage learners, and participants can use in their governance work (to be developed)						
Sample Charter						
Ideal Competency Profile						
Role and Responsibilities of Chairperson of Governing Body						
Roles and Responsibilities of Chairpersons of Key Committees on Planning, Finance, Quality and Governance Enhancement						
Roles and Responsibilities of Members						
Sample Meeting Agendas						
Sample Calendar of Meetings						
Sample Self-Assessments						
Sample Meeting Book						
Tools on Stakeholder Engagement						
Tools to help Set The Strategic Direction						
Other Tools						

	Usefulness rating					How the participants intend to use the resource
Contact details of language and culture-sensitive mentors available to help mentor the participants						
Any other tools, worksheets, or templates that you suggest will be useful						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Session 2: Applying the Challenge Model

Good governance creates the conditions within which health managers are more likely to strengthen their health systems and organizational performance and therefore health providers and health workers are more likely to provide better health services and achieve greater health outcomes.

Session Design

During this session, participants will be introduced to definitions for governance and good governance, and the five practices of governance (cultivating accountability, engaging with stakeholders, setting a shared strategic direction, stewarding resources, and assessing and improving governance). They will outline their vision of good governance in light of their own organization's mission. They will then apply the Challenge Model to governance in their own setting. Based on their experience, they will assess their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenge, identify two to three strategic measures of organizational performance that their governing body wants to influence, and key priority actions they will undertake to overcome the obstacles.

Participants will increase their understanding of what frustrates and what facilitates good governance in their setting and also how to overcome the obstacles that come in the way of their governing well. They will be able to articulate their governance capacity building needs.

Trainer Goals

1. Help participants discuss, define and describe governance and good governance.
2. Introduce the five governing practices.
3. Help participants apply the Challenge Model to governance in their own setting, discuss their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenge, identify two to three strategic measures of organizational performance that their governing body wants to influence through the use of good governance, and pinpoint key priority actions they will take to overcome the obstacles.

Participant Goals

1. Discuss, define, and describe governance and good governance.
2. Discuss what is working, what is not working in your governance, and what could be done to improve it.
3. Apply the Challenge Model to governance in your own setting, discuss your current governance situation, identify obstacles and root causes that come in the way of your governing well, define your key governance challenge, identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance, and pinpoint key priority actions you will take to overcome the obstacles.

4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	<ul style="list-style-type: none"> ▶ Pages 1-4 of the eManager on “How to Govern Health Sector and Its Institutions Effectively” ▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> ▶ Challenge Model contained in the Guide for Setting a Shared Strategic Direction
20 minutes	2. Small group work session	<p>Prior to the Governance Academy, each group has applied the Challenge Model to governance in their own setting, discussed their current governance situation, identified obstacles and root causes that come in the way of their governing well, defined their key governance challenge, identified two to three strategic measures of organizational performance that their governing body wants to influence, and identified key priority actions they will take to overcome the obstacles. The groups recap the results of this exercise and prepare their group presentation.</p>	As above

Time	Activity	Focus	Relevant materials for reference
20 minutes	3. Plenary discussion	A group makes a presentation to the other group on their current governance situation, obstacles and root causes of less than the best possible governance of their organization, their key governance challenge, two to three strategic measures of organizational performance that their governing body wants to influence, and key priority actions they will take to overcome the obstacles. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether participants have achieved the learning objectives.	As above

Required Reading

1. Challenge Model contained in the Guide for Setting a Shared Strategic Direction
2. Pages 1-4 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Background Reading

1. Governance Chapter of *Health Systems in Action: An eHandbook for Leaders and Managers*

Session Handouts

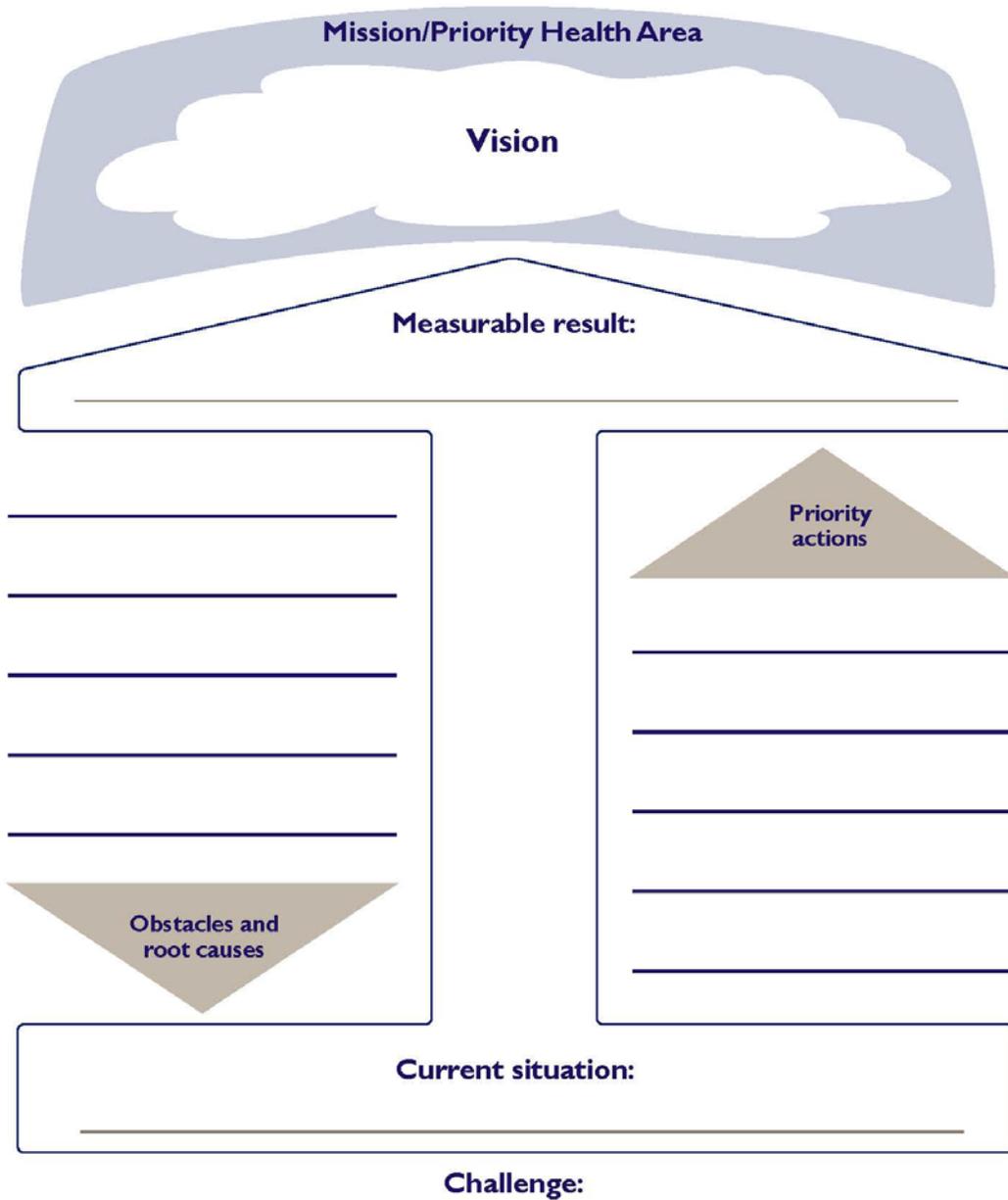
1. Relevant sections of the eManager
2. Section on the Challenge Model contained in the Guide for Setting a Shared Strategic Direction
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their governance challenges and key priority actions.
2. Facilitator's notes on his or her assessment of the groups and whether the participants have achieved the learning objectives.

Applying Challenge Model to Governance Challenges

Challenge Model



(How will we achieve our desired result in light of the obstacles we need to overcome?)



Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric / rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 3: Reviewing roles and responsibilities of a governing body

Session Design

The participants will remember the five responsibilities of the governing body that were mentioned in their invitation letter.

1. Bring needs of beneficiaries in to the plans and work of the organization.
2. Advocate for the needs of the organization to resource stakeholders.
3. Support management to develop service quality.
4. Support management to develop the economic vitality of the organization.
5. Help management to protect and achieve the mission of the organization.

During this session, participants will be introduced to the expanded set of twelve key governing body responsibilities.

1. Determine the organization's mission and purpose
2. Select the executive director
3. Support the executive and evaluate the executive director's performance
4. Set a strategic direction and ensure effective organizational planning
5. Ensure adequate resources and sustainability of the services the organization provides
6. Manage resources effectively and provide financial oversight
7. Strengthen and oversee the organization's programs and services
8. Enhance the organization's public image
9. Nurture relationships with the communities and stakeholders
10. Establish a culture of openness and transparency, accountability, ethical and moral integrity, inclusiveness and participation, responsiveness, and patient safety in the organization
11. Establish a culture of measuring and reporting performance, and pursuit of efficiency and sustainability in the organization
12. Assess and enhance its own performance

Participants will refer to their own roles and responsibilities and discuss how they compare with these twelve roles and responsibilities. Participants will increase their understanding of the basic governance roles and responsibilities of a governing body.

Trainer Goals

1. Introduce twelve key roles and responsibilities of a governing body to the participants.
2. Help participants compare their own roles and responsibilities with these twelve roles and responsibilities.
3. Help participants identify, discuss, describe, and internalize key governance responsibilities.

Participant Goals

1. Get to know twelve key roles and responsibilities of a governing body.

2. Compare your own roles and responsibilities with these twelve roles and responsibilities.
3. Identify, discuss, describe, and internalize key governance responsibilities.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	<ul style="list-style-type: none"> ▶ BoardSource: Ten Basic Responsibilities of Nonprofit Boards ▶ BoardSource: Board Fundamentals - Understanding Roles in Nonprofit Governance ▶ Terms of Reference (ToR) or roles and responsibilities of the governing bodies of which participants are the members
20 minutes	2. Small group work session	Each group refers to its own responsibilities and discusses how they compare with the twelve basic responsibilities. Each group also discusses the roles and responsibilities that are not expressly mentioned in their ToR but need to be fulfilled to achieve the organization's mission, keeping in view the list of twelve basic responsibilities.	As above
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their current roles and responsibilities and those that are not expressly mentioned in their ToR but need to be fulfilled to achieve the organization's mission. Questions	As above

Time	Activity	Focus	Relevant materials for reference
		and answers follow. The other groups go through the same sequence of activities.	
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether participants have achieved the learning objectives.	As above

Required Reading

1. BoardSource: Ten Basic Responsibilities of Nonprofit Boards

Background Reading

1. BoardSource: Board Fundamentals - Understanding Roles in Nonprofit Governance

Session Handouts

1. Roles and responsibilities of the governing bodies where participants are the members (Note: The participants should bring along a copy of their governing role and responsibilities.)
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their key governance roles and responsibilities.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 4: Cultivating accountability

Session Design

During this session, participants will discuss, define, and describe the first effective governing practice, i.e., cultivating accountability. Based on their experience and from their review of the Guide for Cultivating Accountability, they will recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how best to cultivate accountability, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the first effective governing practice, i.e., cultivating accountability, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to cultivate accountability in their department.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to cultivate accountability, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Explanation of why this practice is important to good governance	<ul style="list-style-type: none">▶ Pages 1-7 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for</i>

Time	Activity	Focus	Relevant materials for reference
			<i>Leaders and Managers</i> ► Guide for Cultivating Accountability
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the first effective governing practice, i.e., cultivating accountability, and its enablers and foundational principles. Participants also discuss benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will cultivate accountability in their department, i.e., what specific actions should be taken by them as the MOH governing body and the MOH department. Participants also discuss what actions and behaviors they should avoid.	Participants should have the <i>Guide for Cultivating Accountability</i> handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also the pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other group on what specific actions they will take as a MOH governing body and as MOH department to cultivate accountability in their department. Questions and answers and discussion follow. The other groups go through the same sequence of activities.	As above

Time	Activity	Focus	Relevant materials for reference
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is cultivating accountability? 2. What are its enablers and foundational principles? 3. What will you do to cultivate accountability? 	As above

Required Reading

1. Guide for cultivating accountability
(Available at <http://www.imgforhealth.org/expertise/governing>)

Background Reading

1. Pages 1-7 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Session Handouts

1. Pages 1-7 in the eManager
2. Guide for Cultivating Accountability
3. Simplified performance self-assessment form for a governing body or staff member on how he or she is performing on cultivating accountability
4. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to cultivate accountability.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a governing body or staff member on how he or she is performing on cultivating accountability

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are cultivating personal accountability, which is a first step in improving internal and external accountability of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on openness, transparency, and accountability. You should periodically measure your practice of cultivating personal accountability.

Please read the following measurement scale and circle the number that you think best expresses your attitudes and behavior. Please circle only one number per statement.

1. I demonstrate consistency in my public and private behavior.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2. I openly listen when people offer perspectives that are different from my own.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

3. I explain the reasons for my decisions, for example, I explain to stakeholders why a particular action was or was not taken.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

4. I interact openly and candidly with stakeholders and I answer questions from stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

5. I make records accessible to stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

6. I demonstrate a sense of obligation to stakeholders when making decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

7. I avoid blaming others for mistakes, and I openly admit my mistakes to stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

8. I am willing to face the truth, even when it goes against me or what I think.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

9. I accept responsibility for the future direction and accomplishments of my department.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

10. I accept ownership for the results of my decisions and actions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

11. I look at myself first when my department's results are disappointing.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

12. I welcome constructive feedback of my actions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Scoring

- ❖ The maximum score that can be earned is 120.
- ❖ Score of 108 and above: indicates outstanding open, transparent, and accountable attitude and behaviors.
- ❖ Score of 61-107: indicates that you meet most requirements.
- ❖ Score of 24-60: indicates that you need to improve.
- ❖ Score below 24: indicates unsatisfactory openness, transparency, and accountability.

The participants should try to adopt open, transparent, and accountable behaviors and use this instrument every quarter or every six months to test whether they are improving their personal accountability scores.

Session 5: Engaging stakeholders

Session Design

During this session, participants will discuss, define, and describe the second effective governing practice, i.e., engaging stakeholders. Based on their experience and their review of the eManager and the Guide for Engaging Stakeholders, they will be able to recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how best to engage with stakeholders in order to collaborate and coordinate with them, i.e., what specific actions should be taken to put this practice into operation. They will also increase their understanding of how to assess themselves in respect of this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the second effective governing practice, i.e., engaging stakeholders, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to engage with stakeholders and coordinate and collaborate with them.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to engage with stakeholders of your department and coordinate and collaborate with them, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Explanation of why this practice is important to good governance. 	<ul style="list-style-type: none"> ▶ Pages 7-12 of the eManager on “How to Govern Health Sector and Its Institutions Effectively” ▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> ▶ Guide for Engaging Stakeholders ▶ Pages 195-197 of the MSH publication, <i>Managers Who Lead: A Handbook for Improving Health Services</i> on strategies for successful stakeholder engagement
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the second effective governing practice, i.e., engaging with stakeholders, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies who are the stakeholders of their department and actions and behaviors they will adopt to engage with them,	Participants should have the Guide for Engaging Stakeholders handy for reference during

Time	Activity	Focus	Relevant materials for reference
		i.e., what specific actions they will take as a MOH governing body and MOH department to coordinate and collaborate with them. Participants also discuss what actions and behaviors they should avoid.	the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions should be taken by them as a MOH governing body and MOH department to engage with stakeholders of the department. Questions and answers and discussion follow. The other groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is engaging with stakeholders? 2. What are its enablers and foundational principles? 3. What will you do to engage with stakeholders? 	As above

Required Reading

1. Guide for Engaging Stakeholders
(Available at <http://www.imgforhealth.org/expertise/governing>)

Background Reading

1. Pages 7-12 of the eManager on “How to Govern Health Sector and Its Institutions Effectively”

Session Handouts

1. Pages 7-12 in the eManager
2. Guide for Engaging Stakeholders
3. Relevant sections (Chapters 1 and 2, and pages 195-197) of the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services* on strategies for successful stakeholder engagement
4. Simplified performance self-assessment form for a MOH governing body member or a MOH department staff member on how he or she is performing on engaging with stakeholders
5. Facilitator’s Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to engage with stakeholders.
2. Facilitator’s notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a MOH governing body member or MOH department staff member on how he or she is performing on engaging with stakeholders

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are engaging with stakeholders of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on stakeholder engagement. You should periodically measure your practice of stakeholder engagement.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Effective governing action	Performance
1.	I include those who are affected by my decision or their representatives in my decision-making process.	
2.	I consider the concerns of the poor and vulnerable people when making a decision.	
3.	I collaborate with people from sectors outside health to achieve better health outcomes for the people I serve.	
4.	I collaborate with private sector organizations to achieve better health outcomes for the people I serve.	
5.	I collaborate with civil society organizations and nongovernment organizations to achieve better health outcomes for the people.	
6.	I collaborate with different levels of decision-making structures—national, provincial, district and community—to achieve better health outcomes for the people.	
7.	I encourage the sharing of ideas to achieve better health outcomes for the people.	
8.	I ensure participation of key stakeholders in decision making.	
9.	I give youth or their representatives a place in formal decision-making structures.	
10.	I give women or their representatives a place in formal decision-making structures.	
11.	I consider the different needs of men and women before making my decisions.	
12.	The decisions I make on average are responsive to different needs of men	

#	Effective governing action	Performance
	and women.	
13.	I consider the implications of a decision on women as users of health services before I make the decision.	
14.	I consider the implications of a decision on women health workers before I make the decision.	
15.	I consult women in senior management and governance positions and women health workers before making a decision.	
16.	I consider gender-disaggregated evidence before making a decision.	
17.	My decisions do not adversely affect women or their health.	
18.	My decisions give autonomy to women to make a decision concerning themselves, their health, or their fertility.	
19.	My decisions on average reduce gender inequalities.	
20.	My decisions on average are fair to women and promote gender equity.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding stakeholder engagement attitude and behaviors.
- ❖ Score of 31-53: indicates you meet most requirements.
- ❖ Score of 12-30: indicates you need to improve.
- ❖ Score below 12: indicates unsatisfactory stakeholder engagement attitude and behaviors.

The participants should try to adopt stakeholder engagement behaviors and use this instrument every quarter or every six months to test whether they are improving their personal stakeholder engagement scores.

Session 6: Setting a shared strategic direction

Session Design

During this session, participants will discuss, define, and describe the third effective governing practice, i.e., setting a shared strategic direction. Based on their experience, and from their review of the eManager and the Guide for Setting a Shared Strategic Direction, they will be able to recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how to set a shared strategic direction, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will also increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the third effective governing practice, i.e., setting a shared strategic direction, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to set a shared strategic direction.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to set a shared strategic direction for your department, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Explanation of why this practice is important to good governance.	<ul style="list-style-type: none">▶ Pages 13-14 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for</i>

Time	Activity	Focus	Relevant materials for reference
			<i>Leaders and Managers</i> ► Guide for Setting a Shared Strategic Direction
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the third effective governing practice, i.e., setting a shared strategic direction, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will set a shared strategic direction in their department, i.e., what specific actions should be taken by them as a MOH governing body and MOH department. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Setting a Strategic Direction handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions they will take as a MOH governing body and MOH department to set a shared strategic direction in their department. Questions and answers and discussion follow. The other groups go through the same sequence of activities.	As above

Time	Activity	Focus	Relevant materials for reference
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is setting a shared strategic direction? 2. What are its enablers and foundational principles? 3. What will you do to set a shared strategic direction? 	As above

Required Reading

1. Guide for Setting a Shared Strategic Direction
(Available at <http://www.lmgforhealth.org/expertise/governing>)

Background Reading

2. Pages 13-14 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Session Handouts

1. Pages 13-14 in the eManager
2. Guide for Setting a Shared Strategic Direction
3. Relevant sections (Chapters 1, 2 and 3) of the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services*
4. Simplified performance self-assessment form for a MOH governing body member or MOH department staff member on how he or she is performing on setting a shared strategic direction
5. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to set a shared strategic direction.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a MOH governing body member or MOH department staff member on how he or she is performing on setting a shared strategic direction

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are setting a shared strategic direction for the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on strategic direction setting. You should periodically measure your practice of setting a shared strategic direction.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Effective governing action	Performance
1.	I scan the internal and external environment for strengths, weaknesses, opportunities, and threats to the health of the people I serve.	
2.	I focus my work and the work of my governing body on achieving better health outcomes for people I serve.	
3.	I mobilize human, material and financial resources and align them to achieve better health outcomes for people I serve.	
4.	I inspire my governing body to work for better health outcomes for people I serve.	
5.	I have contributed in developing a mission and purpose statement for my governing body, working with other members.	
6.	To determine the future strategic direction, I have contributed in developing the vision of my governing body.	
7.	I have considered the people’s needs and concerns in defining this vision or strategic direction.	
8.	I have contributed in documenting and widely disseminating this collective vision.	
9.	I have contributed in developing an action plan with measurable goals for realizing this vision.	
10.	I have contributed in setting up accountability mechanism for achieving the goals in order to reach this vision or strategic direction.	
11.	I motivate my governing body colleagues to work to achieve our collective	

#	Effective governing action	Performance
	vision.	
12.	I motivate other stakeholders to work to achieve the collective vision.	
13.	I advocate for our collective vision at different levels of governance, in sectors outside of health, and in other venues.	
14.	I observe, check, and keep a continuous record of what is going on in terms of implementation of the action plan for realizing the collective vision.	
15.	I contributed in monitoring and reflecting on progress against the action plan.	
16.	I provide feedback to my stakeholders on progress made in the implementation of this action plan.	
17.	I involve stakeholders in the measurement of results.	
18.	I, working with my governing body members, assess the results, what worked and what went wrong, and identify changes needed to be made.	
19.	I use information and evidence while doing much of what is stated above.	
20.	I use modern technology to facilitate much of what is stated above.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding strategic direction setting behaviors.
- ❖ Score of 31-53: indicates that you meet most requirements.
- ❖ Score of 12-30: indicates that you need to improve.
- ❖ Score below 12: indicates unsatisfactory strategic direction setting behaviors.

The participants should try to adopt strategic direction setting behaviors and use this instrument every quarter or every six months to test whether they are improving their strategic direction setting scores.

Session 7: Stewarding resources

Session Design

During this session, participants will discuss, define, and describe the fourth effective governing practice, i.e., stewarding resources. Based on their experience, and their review of the eManager and the Guide for Stewarding Resources, they will recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how to steward resources, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will also increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the fourth effective governing practice, i.e., stewarding resources, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to steward resources.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to steward resources in your department, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Explanation of why this practice is important to good governance.	<ul style="list-style-type: none">▶ Pages 15-21 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and</i>

Time	Activity	Focus	Relevant materials for reference
			<i>Managers</i> ► Guide for Stewarding Resources
10 minutes	2. Individual self-assessment	Each participant reviews and completes self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the fourth effective governing practice, i.e., stewarding resources, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will steward resources in their department, i.e., what specific actions they should take as a MOH governing body and MOH department. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Stewarding Resources handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions they will take as the MOH governing body and MOH department to steward resources in their department. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the	Facilitator makes his or her assessment of the groups and	As above

Time	Activity	Focus	Relevant materials for reference
	conclusion	<p>makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions:</p> <ol style="list-style-type: none"> 1. What is stewarding resources? 2. What are its enablers and foundational principles? 3. What will you do to steward resources? 	

Required Reading

1. Guide for Stewarding Resources
(Available at <http://www.imgforhealth.org/expertise/governing>)

Background Reading

1. Pages 15-21 of the eManager on “How to Govern Health Sector and Its Institutions Effectively”

Session Handouts

1. Pages 15-21 in the eManager
2. Guide for Stewarding Resources
3. Simplified performance self-assessment form for a MOH governing body member or MOH department staff member on how he or she is performing on stewarding resources
4. Facilitator’s Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to steward resources.
2. Facilitator’s notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a MOH governing body member or a MOH department staff member on how he or she is performing on stewarding resources

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are stewarding the resources of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on resource stewardship. You should periodically measure your practice of stewardship.

Please read the following measurement scale and circle the number that you think best expresses your attitudes and behavior. Please circle only one number per question.

1. I make sure that my actions are always ethical.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2. I can be trusted to serve the interests of the public rather than my own personal interests.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

3. I do what I say.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

4. I can be believed and relied upon to keep my word.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

5. I allow people affected by my decisions to exercise influence on these decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

6. I am willing to reconsider my decisions on the basis of recommendations by those who are affected by my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

7. I allow others to participate in decision making.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

8. I use my time well.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

9. I use others' time well.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

10. I try to produce a specific result effectively with a minimum of waste.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

11. I try to produce results or create systems that will endure and be sustained in the future.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

12. I periodically measure my own performance.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

13. I periodically measure the performance of my governing body.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

14. I use data and information to arrive at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

15. I use evidence to arrive at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

16. I use technology to facilitate at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Scoring

- ❖ The maximum score that can be earned is 160.
- ❖ Score of 144 and above: indicates outstanding stewardship attitude and behaviors.

- ❖ Score of 81-143: indicates that you meet most requirements.
- ❖ Score of 32-80: indicates that you need to improve.
- ❖ Score below 32: indicates unsatisfactory stewardship attitude and behaviors.

The participants should try to adopt stewardship behaviors and use this instrument every quarter or every six months to test whether they are improving their stewardship scores.

Session 8: Assessing and enhancing governance

Governance needs to be dynamic because the context for the organization is dynamic. A good governing body develops an intentional and purposeful design for its structure and decision-making processes. Effective governing bodies continuously challenge themselves to assess their work and continuously improve their structures, systems, processes, style, and competencies.

Session Design

During this session, participants will discuss the fifth and final effective governing practice, i.e., assessing and enhancing governance. Based on their experience, and their review of the Guide for Continuous governance Enhancement, they will be able to recall the principles and techniques of this governing practice. Participants will get an opportunity to brainstorm and clarify how to assess and enhance governance, i.e., what specific actions should be taken to put this practice into operation in their own setting. Sample governance assessment tools are provided.

Trainer Goals

1. Help participants discuss and describe the final effective governing practice—the value of assessing and enhancing governance in a manner that encourages continuous governance process improvement.
2. Help participants brainstorm and clarify how best to assess and enhance governance.
3. Increase participants' understanding of the various governance assessments and self-assessment tools and processes.

Participant Goals

1. Describe this effective governing practice.
2. Recall and discuss the foundational principles of this practice.
3. Understand the benefits of good self-assessments, and the risks of poor or infrequent self-assessments.
4. Brainstorm and clarify how to periodically assess and continuously enhance governance of your department, i.e., what specific actions should be taken to put it into practice?
5. Review a collective self-assessment of this practice.
6. Review various governance assessments and self-assessment tools and processes.
7. Brainstorm and adapt governance assessments your governing body will use in your department.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
------	----------	-------	----------------------------------

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Explanation of why this practice is important to good governance.	► Guide for Continuous Governance Enhancement
10 minutes	2. Individual self-assessment	Each participant reviews and completes the simplified governance self-assessment.	As above
10 minutes	3. Small group work session	Each group discusses the fifth effective governing practice, i.e., assessing and enhancing governance, and its foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies how to assess and enhance governance in their department, i.e., what specific actions they should take as the MOH governing body and MOH department. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Continuous Governance Enhancement handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions should be taken by them as a MOH governing body and MOH department to assess and enhance governance in their department. Question and	As above

Time	Activity	Focus	Relevant materials for reference
		answer and discussion follow. The remaining groups go through the same sequence of activities.	
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is meant by assessing and continuously improving governance? 2. What are foundational principles of this governing practice? 3. What will you do to periodically assess and continuously improve governance in your institution? 	As above

Required Reading

1. Guide for Continuous Governance Enhancement
(Available at <http://www.imgforhealth.org/expertise/governing>)

Session Handouts

1. Guide for Continuous Governance Enhancement
2. Different governance assessments and self-assessments
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to assess and enhance governance.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1	Whether the group a) has achieved learning objectives, and b) can answer the central questions?	40	
2	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3	Mastery of material Ability to answer questions	20	
4	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a MOH governing body member or MOH department staff member on how their governing body is assessing and enhancing governance

Instruction for facilitator: Using this instrument, the participants will assess how well their governing body is periodically assessing and continuously improving governance of the organization. This short form allows the participants to think about and assess the degree to which their governing body is applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on continuous governance enhancement. You should periodically measure your practice of continuous governance enhancement.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Action	Performance
1.	Specific governing competencies are identified and documented for our governing body members and senior managers.	
2.	We have a diversity statement for our governing body and management to follow.	
3.	Our organization is committed to achieving diversity in governance and management leadership.	
4.	Our organization has a formal program for ongoing education of governing body members.	
5.	Our governing body uses competency-based criteria when selecting new members.	
6.	New governing body members receive a thorough orientation before they join the governing body.	
7.	Our governing body does periodic assessments of its performance.	
8.	Our governing body uses the results from the self-assessment process to establish its performance improvement goals.	
9.	Our governing body assesses performance of the chief executive on a regular basis.	
10.	Our governing body meetings are productive.	
11.	Time and talent of our governing body members are effectively used.	
12.	Our governing body holds a retreat once a year to reflect on its past performance and plan for improvements in future performance.	
13.	Our governing body has bylaws and governance policies.	

#	Action	Performance
14.	We have a conflict of interest policy for the governing body and the staff.	
15.	We have a code of ethics and conduct for the governing body and the staff.	
16.	We do department workforce satisfaction survey on a regular basis.	
17.	We do patient satisfaction assessment on a regular basis.	
18.	Our governing body is responsive to concerns of health service users.	
19.	Our governing body is responsive to concerns of staff and health workers.	
20.	Our governing body uses information, evidence, and technology for enhancing its governance performance.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding governance enhancement behaviors.
- ❖ Score of 31-53: indicates that your governing body meets most requirements.
- ❖ Score of 12-30: indicates that your governing body needs to improve.
- ❖ Score below 12: indicates unsatisfactory governance enhancement attitude and behaviors.

The participants should try to adopt continuous governance enhancement behaviors and use this instrument every quarter or every six months to test whether they are improving their governance enhancement scores.

Health governance self-assessment tool for MOH governing body: Sample 1

This self-assessment tool is a sample tool for use by a governing body that oversees a department, based on its roles and responsibilities.

The governing body assesses its own performance on a scale of 0 to 10, where 0 represents the worst performance and 10 represents the best performance on a given responsibility of the governing body. Opportunities are external factors in the environment that may improve performance and threats are external elements in the environment that could cause trouble, whereas strengths and weaknesses are internal to the governing body.

#	Governance Responsibility	Internal		External		Performance on a scale of 0 to 10
		Strengths	Weaknesses	Opportunities	Threats	
1.	Establish a culture of openness and transparency, accountability, ethical and moral integrity, inclusiveness and participation, responsiveness, and patient safety in the organization.					
2.	Establish a culture of measuring and reporting performance, and pursuit of efficiency and sustainability in the organization.					
3.	Setting strategic direction for three to five years and strategic planning based on the strategic direction.					
4.	Determine the organization's mission and purpose.					
5.	Support the achievement of health outcomes, responsiveness and patient satisfaction, and patient safety.					
6.	Nurture relationships with the communities and the people served.					
7.	Stewardship of scarce resources a. Ethical and the best use of available resources for the achievement of health outcomes for the people served.					
	b. Providing vision and direction for the department.					
	c. Exerting influence across different sectors for achieving the best health outcomes for the population in the catchment area.					
	d. Collecting and using information and evidence on department's performance in order to ensure accountability and transparency.					
8.	Ensure adequate financial resources.					
9.	Provide financial oversight.					
10.	Performance monitoring and supporting high performance.					
11.	Strengthen and oversee the organization's programs and services.					
12.	Continuous improvement of the functioning of					

#	Governance Responsibility	Internal		External		Performance on a scale of 0 to 10
		Strengths	Weaknesses	Opportunities	Threats	
	the governing body.					
13.	Building a competent governing body.					
14.	Select the executive director.					
15.	Support the executive and evaluate the executive director's performance.					
16.	Enhance the organization's public image.					
17.	Any other responsibility the governing body fulfills.					

Scoring criteria

Maximum score that can be earned is 200.
 Score of 150 and above: outstanding governance.
 Score of 100-149: meets most requirements.
 Score of 50-99: needs improvement.
 Score below 50: unsatisfactory governance.

Health governance self-assessment tool for MOH governing body: Sample 2

This is another self-assessment sample for use by a MOH governing body, based on governance standards.

Scoring guide	
No activity	0% or absolutely no activity.
Minimal activity	Greater than zero, but no more than 25% of the activity described in the standard is met.
Moderate activity	Greater than 25%, but no more than 50% of the activity described in the standard is met.
Significant activity	Greater than 50%, but no more than 75% of the activity described in the standard is met.
Optimal activity	Greater than 75% of the activity described in the standard is met.

#	Governance Standard	0%	1-25%	26-50%	51-75%	76-100%
A. Oversight for health situation and trend assessment						
1.	Facilitates access to appropriate resources for community health status monitoring, and mobilizes resources and support for the surveys.					
2.	Promotes broad-based participation and coordination among all entities active in collecting, analyzing, and disseminating community health status data.					
3.	Provides oversight and support for community health status monitoring efforts.					
4.	Guides improvements in the health status monitoring efforts.					
B. Oversight of monitoring and evaluation of health services						
1.	Facilitates access to the necessary resources to conduct periodic monitoring and evaluations.					
2.	The governing body itself evaluates the health services.					
3.	Makes sure that regular supportive supervision, monitoring and evaluation of health services takes place.					
4.	Encourages all relevant stakeholders to provide input into monitoring and evaluation processes.					
5.	Reviews evaluation results and utilizes these results to improve health service performance.					
C. Oversight for data and information management						
1.	Facilitates access to appropriate resources for data and information management.					
2.	Promotes broad-based participation and coordination among all entities active in data and information management tasks.					
3.	Reviews data and information management on a quarterly basis, and provides oversight and support for data and information management efforts.					
4.	Guides improvements in the overall data and information management.					
D. Oversight for health service delivery						
1.	Aligns the public and nongovernment organizations and the private sector responsible for delivery of health services.					
2.	Allows community monitoring of the delivery of health services.					
3.	Facilitates community input in problem identification and problem solving.					
4.	Conducts periodic reviews of health service delivery with special attention to services for vulnerable populations.					
E. Oversight of coordination, communication and inter-sectoral collaboration activities						
1.	Facilitates access to resources for coordination, communication, and inter-sectoral collaboration activities.					

#	Governance Standard	0%	1-25%	26-50%	51-75%	76-100%
2.	Establishes and oversees the implementation of policies to support activities to inform, educate, and empower people about health issues, and reviews these activities in light of community needs.					
3.	Makes sure that all population subgroups have an opportunity to provide input on health issues and health services.					
4.	Exerts influence across sectors to protect and promote the health of the community.					
F.	Supporting health service delivery					
1.	Ensures that the organization is providing quality health services through joint visits, assessment of the quality of service, and assistance in staff recruitment and training.					
2.	Encourages staff and health workers to articulate their issues in a timely manner.					
3.	Mobilizes community support for the organization.					
4.	Supports delivery of quality services to vulnerable populations.					
G.	Oversight of health resource management					
1.	Establishes and oversees the implementation of policies designed to assure efficient and effective use of physical, financial, and human resources and medicines and supplies.					
2.	Establishes and oversees the implementation of policies designed to assure improvements in workforce, management, and leadership quality.					
3.	Facilitates access to resources for workforce training, leadership development, and continuing education.					
4.	Provides for the training and continuing education of the governing body.					
5.	Assists in mobilizing resources for the health system and for health services.					
H.	Oversight of preventive and clinical services, environmental health services, and forensic medicine services					
1.	Oversees and supports the delivery of preventive and clinical services, environmental health services, and forensic medicine services.					
2.	Facilitates community monitoring of the delivery of these services.					
3.	Encourages community input into the delivery of these services.					
4.	Ensures transparency, accountability, and ethical and moral integrity in the provision of these services.					
I.	Oversight of strategic and annual planning					
1.	Maintains and annually reviews documentation of the mission statement.					
2.	Assesses and advocates for adequate resources for planning.					
3.	Supports planning for improvement in health of the population and works to strategically align with the community.					
4.	Oversees the implementation of the strategic and annual plans.					
J.	Oversight of management of health emergencies					
1.	Supports planning for emergency response and works to strategically align community resources for this purpose.					
2.	Facilitates access to appropriate resources for management of health emergencies.					
3.	Promotes broad-based participation and coordination among all entities active in the management of health emergencies.					
4.	Provides oversight and support for the management of health emergencies.					
K.	Nurturing community relationships and involvement					
1.	Ascertains people's preferences, needs, problems, challenges, and issues in health service delivery.					
2.	Mobilizes community input in the planning and implementation of health services.					
3.	Mobilizes community input in monitoring, evaluation, and ensuring accountability in health service delivery.					
4.	Provides relevant feedback to its stakeholders and the communities in the catchment area.					

Session 9: Promoting competency-based governance

Session Design

During this session, participants will be introduced to key governing competencies, i.e., the capabilities, knowledge, and skills required to effectively discharge governance roles and responsibilities.

Personal capabilities	Knowledge and skills
<ol style="list-style-type: none"> 1. Accountability 2. Achievement orientation 3. Leading change 4. Collaboration 5. Community orientation 6. Impact and influence 7. Information seeking 8. Innovative thinking 9. Managing complexity 10. Organizational awareness 11. Professionalism 12. Relationship building 13. Strategic orientation 14. Talent development 15. Team leadership 	<ol style="list-style-type: none"> 1. Health care service delivery and performance 2. Health professional education, training, and practice 3. Business and finance 4. Human resources 5. Senior management experience

(Source: Center for Healthcare Governance. 2010. *Competency-Based Governance: A Foundation for Board and Organizational Effectiveness*. American Hospital Association, Health Research & Educational Trust, and Hospira. Chicago, IL.)

These core competencies constitute a mix of skills that a governing body requires its members to collectively possess . This mix of competencies is often referred to as a “competency matrix.” Ideally, an individual possesses at least one of these core competencies to be considered for appointment as a governing body member. These competencies can be developed through member training and professional development.

Effective governance by a governing body depends on the membership having an appropriate combination of competencies (skills and experience) and personal attributes (behavior and attitude) to support the organization’s mission, and ability to work together as a highly motivated team.

During this session, participants will refer to the skills profile of their own governing body and discuss how it compares with the matrix above of twenty core governance competencies. Participants will increase their understanding of the basic governing competencies needed in a governing body to govern well.

Trainer Goals

1. Introduce the twenty key governing competencies to the participants.
2. Help participants review the skills profile of their own governing body and discuss how it compares with the competency matrix of twenty core governing competencies.
3. Help participants identify, discuss, and describe key governing competencies required to govern well in their own setting.

Participant Goals

1. Get to know the twenty key competencies of a governing body.
2. Compare the skills profile of your governing body and discuss how it compares with the competency matrix of twenty core competencies.
3. Identify, discuss, and describe key governing competencies required to govern well in your own setting.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	<ul style="list-style-type: none"> ▶ Guide for Continuous Governance Enhancement ▶ Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust
15 minutes	2. Small group work session	Each group reviews the skills profile of their own governing body and discusses how it compares with the competency matrix of twenty core competencies. The group discusses competency gaps and	As above

Time	Activity	Focus	Relevant materials for reference
		other competencies needed to govern well and fulfill the organization's mission.	
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their governing competencies, competency gaps, and other competencies needed to govern well and fulfill the organization's mission. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants have achieved the learning objectives identified above.	As above

Required Reading

1. Guide for Continuous Governance Enhancement

Background Reading

1. Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust

Session Handouts

1. Governance Competency Mapping Tool
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on key governing competencies in their governing body.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives.

Competency Mapping Tool

*Information on age, gender, race/ethnicity, and number of years on the governing body is not related to governing competency. It is included to document diversity in the governing body.

	Current Members							Prospective Members				
	1	2	3	4	5	6	7	A	B	C	D	E
Age*												
19-34												
35-60												
51-65												
Over 65												
Gender*												
Male												
Female												
Race/Ethnicity*												
Number of years on the governing body*												
Personal competencies												
Accountability												
Achievement orientation												
Leading change												
Collaboration												
Community orientation												
Impact and influence												
Information seeking												
Innovative thinking												
Managing complexity												
Organizational awareness												
Professionalism												
Relationship building												
Strategic orientation												
Talent development												
Team leadership												
Knowledge and skills												
Health care service delivery and performance												
Health professional education, training, and practice												
Business and finance												
Human resources												
Senior management experience												
Other competencies												

	Current Members							Prospective Members						

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 10: Establishing infrastructure for effective governance

Governance infrastructure consists of people who govern, governance structures (governing body, committees, etc.), governance policies, governing body meetings, governance relationships, governance information system and the technologies that support them. The table below gives examples.

Governance Infrastructure					
People	Structures	Policies	Effective meetings	Relationships	Governance technologies
Members of the governing body with governing competencies needed to fulfill the organization's mission	Governing body, its committees, advisory bodies, and task forces	e. g., oversight, ethics, and conflict of interest; clear roles and responsibilities; term limits; orientation and education of members; governing body self-assessments	<ul style="list-style-type: none"> • Calendar of themed meetings • Meeting agendas • Meeting venues 	<ul style="list-style-type: none"> • With management • With health providers and health workers • With patients and communities • With other stake-holders 	<ul style="list-style-type: none"> ■Governing body information system ■Governing body web portal

Session Design

During this session, participants will be introduced to twenty elements of governance infrastructure that a governing body needs for effective governance.

1. Governing body of optimum size
2. Clear roles and responsibilities of the governing body
3. Competencies of members
4. Term limits
5. Committees structure of the governing body
6. Governing body meetings
7. Calendar of themed meetings
8. Meeting agendas
9. Meeting venues
10. Chief executive officer oversight
11. Ethics and conflict of interest
12. Orientation and education of members
13. Governing body self-assessments
14. Relationship with the Ministry of Health
15. Relationship with other providers
16. Relationship with physicians
17. Relationship with advisory councils
18. Relationship with the media
19. Governing body information system
20. Governing body web portal

Participants will review their own governance infrastructure and discuss how their governance infrastructure compares with the twenty key elements listed above. Participants will increase their understanding of the basic governance infrastructure a governing body needs for effective governance.

Trainer Goals

1. Introduce the twenty key elements of infrastructure a governing body needs for effective governance.
2. Help participants compare their own governance infrastructure with these twenty elements.
3. Help participants identify, discuss, and describe the governance infrastructure elements required to govern well and the infrastructure gaps that exist in their own setting.

Participant Goals

1. Get to know the key elements of infrastructure a governing body needs for effective governance.
2. Compare your own governance infrastructure with these key elements.
3. Identify, discuss, and describe the governance infrastructure required to govern well and the infrastructure gaps that exist in your setting.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	► Guide to Good Governance for Hospital Boards by the Center for Healthcare Governance of the American Hospital Association
15 minutes	2. Small group work session	The group work is focused on practical ways to improve the infrastructure available to support enhanced governance decision making in the settings where participants govern. Each group reviews its own governance infrastructure against the twenty key elements	As above

Time	Activity	Focus	Relevant materials for reference
		of infrastructure a governing body needs for effective governance and discusses how they compare. Each group also discusses the key infrastructure gaps that come in the way of governing well and fulfilling the organization’s mission. Each group recommends a series of governance infrastructure investments that have the potential to improve the effectiveness of their governing body.	
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their current governance infrastructure and key gaps. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator’s assessment at the conclusion	Facilitator makes his or her assessment of the two groups and makes written notes as to whether participants have achieved the learning objectives identified above.	As above

Required Reading

1. Guide to Good Governance for Hospital Boards by the Center for Healthcare Governance of the American Hospital Association

Session Handouts

1. Governance Infrastructure Mapping Tool
2. Facilitator’s Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their key governance infrastructure and infrastructure gaps.
2. Facilitator’s notes on his or her assessment of the groups and whether participants have achieved the learning objectives identified above.

Governance Infrastructure Mapping Tool

Instructions for the participants: Answer yes/no on whether the element is critical to your organization’s mission, and rate the current infrastructure available to your governing body on a scale of 1 to 5 where 1 is the lowest score and 5 is the highest score, and in the last column, note actions for the infrastructure items which you consider are feasible and useful in your situation, etc.

Element of Governance Infrastructure	Whether critical to fulfill the organization’s mission	Rating of the extant infrastructure					What should be done to establish this infrastructure?
		1	2	3	4	5	
Governing body of optimum size							
Clear roles and responsibilities of the governing body							
Competencies of members							
Term limits of the members							
Committees structure of the governing body							
Governing body meetings							
Calendar of themed meetings							
Meeting agendas							
Meeting venues							
Chief Executive Officer oversight							
Ethics and conflict of interest policy and its implementation mechanism							
Orientation and education of members							
Governing body self-assessments							
Relationship with the Ministry of Health							
Relationship with other providers							
Relationship with physicians							
Relationship with advisory councils							
Relationship with the media							
Governing body information system							

Element of Governance Infrastructure	Whether critical to fulfill the	Rating of the extant infrastructure						What should be done to establish this infrastructure?
Governing body web portal								
Other governance infrastructure needed in your setting to govern well								

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 11: Governance enhancement planning

Session Design

During this session, participants will develop a “Governance Enhancement Plan” for their own governing body and an action plan to improve two to three strategic measures of their department’s performance. Based on the five guides and discussions in the earlier Governance Academy sessions, they will prepare the governance enhancement plan and action plan, and define how best to ensure their implementation and periodic refinement.

Trainer Goal

Help participants develop a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their department’s performance, and also appreciate the value of implementing these plans.

Learning Objectives

1. Brainstorm and outline a governance enhancement plan for your governing body based on the discussions during the academy.
2. Identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance.
3. Outline an action plan comprising specific and concrete action steps that the governing body will take for consistent application of the five effective governing practices over six to twelve months to influence the two to three strategic measures of organizational performance.
4. Present the governance enhancement plan and governance action plan.

By the end of Session 11, participants will have developed a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their department’s performance.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
20 minutes	1. Presentation by the facilitator	1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide	► Guide for Continuous Governance Enhancement and the other four guides

Time	Activity	Focus	Relevant materials for reference
30 minutes	2. Small group work session	Each group reviews the illustrative formats for governance enhancement planning and adapts one for their purpose and context.	As above
60 minutes	3. Small group work session	Each group brainstorms and develops a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their department's performance.	As above
10 minutes	4. Individual review	Each participant reviews the governance enhancement plan and the action plan.	As above
55 minutes	5. Plenary discussion	A group makes a presentation to the other groups on their governance enhancement plan and action plan. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether the participants have a robust and practical plan for enhancing governance and organizational performance through governance in their setting.	As above

Required Reading

1. Guide for Continuous Governance Enhancement
2. Guide for Cultivating Accountability
3. Guide for Engaging Stakeholders
4. Guide for Setting a Shared Strategic Direction
5. Guide for Stewarding Resources

6. Appendix 1 and 2 of this handbook for samples of governance development plans

Session Handouts

1. Guide for Continuous Governance Enhancement
2. Illustrative format for governance enhancement planning
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups of their governance enhancement plans and action plans.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives identified above.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 12: Evaluating the learning experience

Learning Objectives

1. Evaluate the learning experience.
2. Make suggestions for its improvement for future participants.
3. Discuss next steps the governing body will take in the coming six to twelve months.

During the concluding one-hour session, using Governance Knowledge Assessment Instrument, participants will evaluate their learning experience during the training. This instrument is administered in the introductory session to record the baseline, i.e., before the Governance Academy training begins and once again in the concluding evaluation session to record the level of governance knowledge at the end of the academy.

Pre- and Post-Governance Academy Governance Knowledge Assessment Instrument

1. I know how to enhance my personal accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

2. I know what actions governance leaders can take to enhance the accountability of the health organization to its external stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

3. I know what essential steps governance leaders should take to cultivate internal accountability in their organization/health system.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

4. I know how governance leaders can enhance accountability among health workers, health providers, and health managers and make them more accountable.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

5. I know what necessary steps governance leaders should take to make their organization become transparent and appear transparent in its decision making.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

6. I know three concrete mechanisms for establishing social accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

7. I know at least two concrete ways to use technology for supporting accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

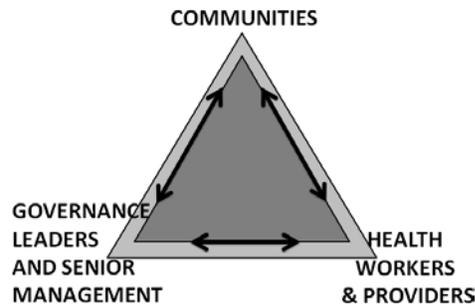
8. I know how governing body oversight differs from micro-management.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

9. I know at least three different ways of engaging with stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

10. I know what governance leaders should do to establish trust in the inter-relationships among communities, health workers, health providers, senior management, and governance leadership.



Not at all 1 2 3 4 5 6 7 8 9 10 Fully

11. I know what steps should be taken to achieve better collaboration among the many different sectors /organizations that impact health.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

12. I know at least three different ways in which governance decision making can be made more gender-responsive.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

13. I know what actions governance leaders should take to establish a shared strategic vision among key stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

14. I know how governance leaders create a shared strategic plan.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

15. I know what governance leaders do to make implementation of their strategic plan a success.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

16. I know what governance leaders do to practice ethical and moral integrity.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

17. I know what senior management can do to increase efficiency and sustainability of the services the health service organization provides.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

18. I know how governance leaders can use information, evidence, and technology for the ethical and efficient use of resources.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

19. I know several different actions that governance leaders can take to reduce corruption in the health organization.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

20. I know several different ways in which measurement of results can be used to improve the organization's/health system's performance.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

21. I know what competencies are necessary for good governance.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

22. I know what actions governance leaders should take to build diversity in their governing body.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

23. I recognize the value of a good orientation for governing body members and their ongoing governance education.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

24. I know different ways of conducting governing body self-assessments.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

25. I know how the results of governance assessments can be used for governance enhancement.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

26. I know a process that can be used for continuous governance enhancement planning.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

27. I know what a chairperson should do to conduct effective governing body meetings.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

28. I know several governance policies at least by name.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

29. I know at least two governance technologies that governance leaders can use to make the governance process more efficient.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

30. I know what governance leaders should do to govern well.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

Appendix 1: MOH Governing Body Governance Development Plan

I—Structure of the Governing Body

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Governing Body Composition				
1.	The governing body has a formal recruitment program that emphasizes organizational needs and required competencies.				
2.	The governing body has a long-range plan to further strengthen its composition, especially people from other spheres who add skill sets and varied perspectives (knowledge-based, demographic, and geographic) that lack representation on the governing body.				
	Calendar of Meetings				
3.	The governing body has evaluated meeting frequency to determine the optimal number of meetings and meeting duration.				
4.	The governing body publishes and updates the calendar at the beginning of each year.				
5.	The governing body has a strategy review and development meeting / retreat annually.				
6.	The governing body has a calendar for committee meetings.				
7.	The governing body includes in its annual calendar at least one formal, special meeting with policy makers, and at least one special meeting with community leaders.				
	Governing Body Meeting Agendas				
8.	The governing body strives to spend 60 percent of meeting time in most meetings focused on strategic and future issues, rather than on management and committee reports.				
9.	The governing body requires one-page executive summaries by management for all information items and action proposals.				
10.	The governing body requires management summaries to spell out management’s conclusions, assessment of pros and cons, and clear recommended course of action.				
11.	Governing body meetings periodically have time set aside for member education on current issues in health policy, community concerns, organizational concerns, etc.				
	Information				
12.	The governing body requires less but higher-quality information.				
13.	The governing body insists on greater reliance on dashboard and graphic indicators.				
14.	The governing body makes use of the electronic				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	exchange of information.				
	Self-Assessment				
15.	The governing body seeks to continuously improve its own performance by conducting an annual assessment of the governing body as a whole.				
16.	The governing body seeks to continuously improve its own performance by conducting an annual assessment of individual members.				
17.	The governing body commits to remain educated on priority issues and come well prepared for meetings and interactions.				
	Bard Committees				
18.	Governing body committees and task forces have specific charters and roles and responsibilities.				
19.	Committees are comprised of well-qualified members, and the governing body has considered representation from outside the governing body.				
20.	Committees have efficient operating rules.				
21.	Committees have a strategic direction.				
22.	Committees have an annual action plan.				
	Governing Body Education				
23.	The governing body has a formal program for its own orientation and ongoing education.				
24.	The governing body has an annual education plan that is reflected in the organization's budget for governing activities and support.				

II—Attributes of the Governing Body

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Structure				
25.	The governing body is large enough to offer a diversity of views, yet small enough to be efficient.				
26.	Committees and task forces have specific charters, well-qualified members, and efficient operating rules.				
27.	The governing body redesigns governance based on opportunities to produce improved outcomes.				
	Leadership Effectiveness				
28.	The governing body behaves in a professional manner.				
29.	The governing body is not reluctant to challenge strategic thinking of management.				
30.	The governing body understands the difference between management and governance, and strives to stay out of internal organizational operations				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	and day-to-day management.				
31.	The governing body is team-oriented and comprised of team players.				
32.	The governing body uses excellent decision-making techniques.				
33.	The governing body understands health policy issues, challenges, and impacts.				
34.	Members are leaders who know how to encourage innovation and welcome organizational change.				
35.	The governing body confronts barriers to organizational transformation and innovation.				
36.	The governing body deals efficiently and effectively with unplanned change.				
37.	The governing body focuses on vision and outcomes versus programs and actions.				
38.	Governing body members are open to alternative views and challenge conventional wisdom.				
39.	Governing body members think in terms of the future and can envision various scenarios and their implications.				
	Governing Body Culture				
40.	The governing body has a shared governance vision.				
41.	The governing body has a culture that embraces change and has an orientation that embraces results.				
42.	The governing body views change as a creator of opportunities versus viewing change as a threat.				
43.	The governing body capitalizes on the knowledge, insights, and experiences of its members.				
44.	The governing body successfully adapts to a complex, fast-paced environment.				
45.	The governing body makes rapid and informed decisions.				
46.	The governing body synthesizes important information into knowledge for strategic advantage.				
	Chief Executive Evaluation				
47.	The governing body has comprehensive, clear criteria for chief executive evaluation.				
48.	The governing body and chief executive agree on scope, purpose, and how evaluation is tied to the chief executive's compensation.				
49.	The evaluation has specific performance goals related to strategic success.				
50.	The evaluation process works effectively to attract/retain quality management leadership.				
	Governing Body Membership and Selection				
51.	The governing body has a competency-based selection process that is matched to its strategic needs.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
52.	Each member has an expertise profile.				
53.	The selection process ensures diverse, well-qualified, and dedicated people.				
54.	Recruitment is based on future governing body needs (at least three years in the future).				
55.	The governing body has evaluated whether term limits do or would work well for its overall performance.				
	Governing Body Self-Assessment				
56.	The governing body conducts an annual self-assessment of the governing body as a whole.				
57.	The governing body conducts assessments of individual members, and uses the outcomes of these assessments in reappointment decisions.				
58.	The governing body uses the assessment process to identify specific governance improvement opportunities, and has included these in an annual plan for improvement.				
	Strategic Decision Making				
59.	Governing body meeting agendas match strategic issues and priorities.				
60.	The governing body devotes at least 60 percent of its time to strategic and policy issues; it generates key insights and wisdom versus simply gathering information.				
61.	Governing body discussion is future-oriented.				
62.	Management provides the governing body with well thought-out options and alternatives.				
63.	The governing body provides strategic guidance to management.				
64.	The governing body continually scans the environment for meaningful change that is critical to the organization.				
65.	The governing body anticipates health service user needs rather than reacts to them.				
66.	The governing body strategically invests in new core competencies.				
67.	The governing body can rapidly modify strategic direction as circumstances change.				
	Stakeholder Relationships				
68.	The governing body understands key stakeholders' perceptions.				
69.	The governing body develops responses to community needs.				
70.	The governing body has clearly defined the organization's values, and has committed to exceeding expectations and enhancing stakeholder satisfaction.				
71.	The governing body knows how to build collaborative relationships.				
72.	The governing body understands and develops				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	effective responses to the interests and needs of clients.				
73.	The governing body has an active advocacy program to ensure that civic, state, and national leaders understand key issues related to the health sector.				
74.	The governing body has defined what success will look like as a result of governance and organizational change.				
	Governing Body Education and Orientation				
75.	The governing body has a written policy and budget for education and development.				
76.	New members receive a thorough orientation.				
77.	The governing body has an active ongoing education program tied to strategic challenges.				
78.	The governing body has a peer-to-peer mentoring program.				
79.	Governing body meetings typically include an education component.				
80.	The governance development process includes governance issues, education, and self-assessment				

III—Governing Body Practices

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Governing Body Composition				
	Duty of Care				
81.	The governing body requires that new members receive education on their fiduciary duties.				
82.	The governing body regularly reviews policies that specify its major oversight responsibilities at least every two years.				
83.	The governing body reviews the financial feasibility of projects before approving them.				
84.	The governing body considers whether new projects adhere to the organization's strategic plan before approving them.				
85.	The governing body receives important background materials at least one week in advance of meetings.				
86.	The governing body has specified minimum meeting attendance requirements in a written policy.				
87.	The governing body ensures effective committee structure by updating committee charters annually.				
88.	The governing body oversees but doesn't				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	“repeat” its committees’ work.				
89.	The governing body secures expert, professional advice before making major financial and/or strategic decisions.				
	Duty of Loyalty				
90.	The governing body has adopted a conflict of interest policy.				
91.	The governing body’s conflict of interest policy contains specific criteria for when a member’s material conflict of interest is so great that the member should no longer serve on the governing body.				
92.	Governing body members complete a conflict of interest disclosure statement annually.				
93.	The governing body assesses the adequacy of its conflict of interest statement at least every two years.				
94.	The governing body has adopted a specific code of ethics and conduct.				
95.	The governing body enforces a written policy on confidentiality that requires members to refrain from disclosing confidential governing body matters.				
96.	The governing body enforces a written policy that states that deliberate violations of conflict of interest constitute grounds for removal from the governing body.				
97.	The governing body’s enforcement of the organization’s conflict of interest policy is uniformly applied across all members of the governing body.				
98.	The governing body ensures that the tax filing meets the highest standards for completeness and accuracy.				
	Duty of Obedience				
99.	The governing body oversees a formal assessment at least every two years to ensure fulfillment of the organization’s mission.				
100.	The governing body ensures that the organization’s written mission statement correctly articulates its fundamental purpose.				
101.	The governing body rejects proposals that put the organization’s mission at risk.				
102.	The governing body has approved a “code of conduct” policies/ procedures document that provides ethical requirements for governing body members, employees, and consultants.				
103.	The governing body has approved a “whistleblower” policy that specifies the following: the manner by which the organization handles employee complaints and allows employees to report in confidence any suspected misappropriation of charitable assets.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Financial Oversight				
104.	The governing body approves the organization's capital and financial plans.				
105.	The governing body reviews information at least quarterly on the organization's financial performance against plans.				
106.	The governing body demands corrective actions in response to under-performance on capital and financial plans.				
107.	The governing body requires that the organization's strategic and financial plans are aligned.				
108.	The governing body monitors the organization's debt obligations and investment portfolio.				
109.	Governing body members responsible for audit oversight meet with external auditors, without management, at least annually.				
110.	The governing body has a written external audit policy that makes it responsible for approving the auditor as well as approving the process for audit oversight.				
111.	The governing body has created a separate audit committee (or another committee or subcommittee specific to audit oversight) to oversee the external and internal audit functions.				
112.	The governing body has adopted a policy that specifies that the audit committee (or other committee/subcommittee whose primary responsibility is audit oversight) must be composed entirely of independent persons.				
	Quality Oversight				
113.	The governing body reviews quality performance measures (using dashboards, balanced scorecards, or some other standard mechanism for governing body-level reporting) at least quarterly to identify needs for corrective action.				
114.	The governing body devotes a significant amount of time on its meeting agenda to quality issues/discussion at most governing body meetings.				
115.	The governing body reviews the quality of its performance by comparing its current performance to its own historical performance.				
116.	The governing body has a standing quality committee.				
117.	The governing body reviews client satisfaction/client experience scores at least annually.				
118.	The governing body participates at least annually in education regarding issues related to its responsibility for quality of work in the organization.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
119.	The governing body has adopted a policy that requires the organization to report its quality performance to the general public.				
	Setting Strategic Direction				
120.	The full governing body actively participates in establishing the organization's strategic direction, such as creating a long-range vision, setting priorities, and developing/approving the strategic plan.				
121.	The governing body is engaged in ongoing education about the critical strategic issues challenging the organization.				
123.	The governing body requires that all plans in the organization (e.g., financial, capital, operational, quality improvement) be aligned with the organization's overall strategic plan/direction.				
124.	The governing body evaluates proposed new programs or services using such factors as financial feasibility, market potential, impact on quality, and so forth.				
125.	The governing body discusses the needs of all key stakeholders when setting strategic direction for the organization (i.e., clients, employees, and the community).				
126.	The governing body considers how the organization's strategic plan addresses client needs before approving the plan.				
127.	The governing body requires that major strategic projects specify both measurable criteria for success and who is responsible for implementation.				
128.	The governing body sets annual goals for its and its committees' performance that support the organization's strategic plan/direction.				
129.	The governing body spends more than half of its meeting time during most meetings discussing strategic issues as opposed to hearing reports.				
130.	The governing body has adopted policies and procedures that define how strategic plans are developed and updated (e.g., who is to be involved, time frames and the role of the governing body, management, physicians, and staff).				
131.	The governing body requires management to have an up-to-date staff development plan that identifies the organization's needs.				
132.	The governing body reviews an up-to-date client needs assessment at least every two years to understand issues among the clients served.				
	Self-Assessment and Development				
133.	The governing body engages in a formal process to evaluate its own performance at least every two years.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
134.	The governing body uses the results from the process to establish its performance improvement goals.				
135.	The governing body uses a formal orientation program for new members.				
136.	The governing body ensures that governing body members receive support for ongoing member education.				
137.	The governing body assesses the organization's bylaws/structures at least every three years.				
138.	The governing body uses competency-based criteria when selecting new members.				
139.	The governing body uses a formal process to evaluate the performance of individual members.				
140.	The governing body has established performance requirements for member reappointment.				
141.	The governing body has a mentoring program for new members.				
142.	The governing body uses an explicit process of leadership succession planning to recruit, develop, and choose future governing body chair and committee chairs.				
	Management Oversight				
143.	The governing body follows a formal process for evaluating the chief executive's performance.				
144.	The governing body and chief executive mutually agree on the chief executive's written performance goals prior to the evaluation.				
145.	The governing body requires that the chief executive's compensation package is based, in part, on the chief executive performance evaluation.				
146.	The governing body convenes executive sessions periodically without the chief executive in attendance to discuss the chief executive's performance.				
	Advocacy				
147.	The governing body reviews a survey of client perceptions of the organization at least every three years.				
148.	The governing body has a written policy establishing its role in mobilizing resources.				
149.	The governing body expects individual members to engage in advocacy efforts with legislators and policymakers.				
150.	The governing body has adopted a policy regarding information transparency, explaining to the organization's clients in understandable terms its performance on measures of quality, pricing, and customer service.				

(Source: Adapted from The Governance Institute. 2010. *Elements of Governance. Governance Development Plan*. San Diego, CA.)

Appendix 2: Case study for reflection

Seguro Popular

Seguro Popular is Mexico's national health insurance programme introduced in 2003. It is now providing access to a package of comprehensive health services with financial protection for more than 50 million Mexicans previously excluded from insurance. Its design and inception, and evidence-driven implementation process exemplify application of the effective governing practices in the Ministry of Health. You will be able to identify elements of the four effective governing practices – cultivating transparency and accountability, engaging stakeholders, setting a shared strategic direction, and stewarding resources in this case.

The pre-reform insurance system violated the principle of equal rights. The system before 2003 was characterized by low general health spending; predominance of private, out-of-pocket spending; unfair allocation of public resources between the insured and uninsured, and among states; inequitable state contributions to health financing, and underinvestment in equipment and infrastructure. To respond to the inequities and to achieve the overall goal of universal health insurance coverage by 2010, Mexico's MOH undertook major health care reform. The MOH reorganized the health system through the horizontal integration of three basic functions - stewardship, financing, and service delivery, and instituted Seguro Popular to overcome the existing barriers and inequalities in access to health care, especially for the poorest segments of the population.

The funding under Seguro Popular was strategically revamped to ensure equal allocation of federal resources to account for the substantial differences in the level of development among states, and to achieve financial fairness in individual contributions. Financial management of funds for low-risk, high-probability primary care health events was decentralized to the state level. Funds for high-cost tertiary-care interventions were managed at the federal level as they require a pooling of risk nationally.

In the past, federally allocated state budgets in health were largely determined by the size of the health sector payroll. Funding for the state now is determined largely by the number of affiliated families and is thus driven by demand. Performance is also considered. Seguro Popular funding allotments have shifted focus to high-quality and efficient care responsive to patients. This shift influenced strategic investments in infrastructure, medical equipment, and human resources.

The MOH created a comprehensive health management information system (HMIS) for capturing data from families affiliated to Seguro Popular. The system was used to identify the contribution level for every family. This was important for assuring transparency in the allocation of resources. The HMIS also provided information on service utilization and outcomes. The basic package of health services served as the blueprint for developing accreditation criteria. To ensure quality services, an accreditation process was established and only certified providers were able to participate in Seguro Popular. Defining the basic package

of health services and linking it to the certification of providers generated the conditions for the system to meet focused goals. Seguro Popular was able to deliver specific interventions that were proven to produce maximum health gains for a given level of resources.

For future evidence-based decision-making, a long-term, rigorous, external evaluation was planned in the initial policy itself. Seguro Popular's effects on health conditions, effective coverage, health-system responsiveness, and financial protection were measured through this evaluation. The evaluation was done through a matched-pair cluster-randomized experiment wherein treatment was randomly assigned to 74 clusters and consisted of encouragement to enroll in a health-insurance program and upgraded medical facilities.

Seguro Popular's successes resulted from a strong value placed on decision-making based on information and evidence. The MOH also created information management systems for making program and policy decisions. Evidence-based decision making allowed the reformers to expand affordable health care in a transparent and planned manner.

The transformational leadership of Dr. Julio Frenk, who served as Minister of Health from 2000-2006, significantly influenced the changes in the Seguro Popular. Dr. Frenk's extensive research experience and personal understanding of the value of incorporating evidence into policymaking helped him champion the data-driven reform. Evidence-based decision-making became the hallmark of Seguro Popular.

[Adapted from Peterson, E.A., Dwyer, J., Howze-Shiple, M., Davison, C.Y., Wilson, K., and Noykhovich, E. (2011) *Compendium of Case Studies*. Center for Global Health, George Washington University: Washington DC.]

Appendix 3: Want to learn more?

Govern4Health App

(Available on the Apple App Store and the Android Market)

This app is created to provide health leaders with basic information on the essential practices of good governance. The Govern4Health app aims to demystify health governance by providing practical actions for health leaders, managers, and people who govern. Unlike traditional methods of learning, the Govern4Health app provides a highly interactive way for users to learn about implementing good governance through different quizzes, discussion forums, and governing tips which can be accessed at any time. The app also offers evidence on why governance matters, along with a tool to assess gender responsiveness and tips on how to continually enhance governance.

LMG governance guides and handbooks

The guides contain best practices, tools and references, and resources for good governance. Training Facilitation Handbooks are designed to accompany the guides and are meant to be used by training facilitators to deliver the contents of the guides following a structured methodology. Separate handbooks are available for training governance leaders of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers. The LMG governance guides and handbooks are available at <http://www.lmgforhealth.org/expertise/governing>

Guides

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

Handbooks

1. Training Facilitation Handbook for the Ministry of Health Governance Leaders and Staff
2. Training Facilitation Handbook for Provincial Health Office Governance Leaders and Staff
3. Training Facilitation Handbook for District Health Office Governance Leaders and Staff
4. Training Facilitation Handbook for Hospital Governance Leaders and Staff
5. Training Facilitation Handbook for Health Center Governance Leaders and Staff

LeaderNet

LeaderNet is a virtual community of health professionals, managers, facilitators, and technical experts who are interested in improving the leadership, management and governance of health services and programs. LeaderNet offers multilingual online seminars, tools and resources on leadership, management and governance, and networking opportunities for health professionals around the world. You may join LeaderNet community of practice at [http://leadernet.msh.org/!](http://leadernet.msh.org/)

Governance guides and handbooks from other organizations

1. Healthy NHS Board
<http://www.leadershipacademy.nhs.uk/discover/the-healthy-nhs-board/>
2. Good Governance Institute <http://www.good-governance.org.uk/publications/>
3. Healthcare Quality Improvement Partnership
<http://www.hqip.org.uk/assets/Guidance/GGI-HQIP-Good-Governance-Handbook-Jan-2012.pdf>
4. Institute of Healthcare Improvement
<http://www.ihl.org/resources/Pages/Tools/HowtoGuideGovernanceLeadership.aspx>
5. Governance Center of Excellence <http://www.thegce.ca/Pages/default.aspx#5>
6. IPPF Code of Good Governance <http://www.ippf.org/resource/IPPF-Code-Good-Governance>
7. IPPF Governance Handbook
<http://www.ippf.org/resource/Welcome-Board-governance-handbook>
8. Center for Healthcare Governance
<http://www.americangovernance.com/americangovernance/resources/blueribbon.html>
<http://www.americangovernance.com/resources/reports/guide-to-good-governance/>
9. CDC Local Public Health Governance Performance Assessment
<http://www.cdc.gov/nphpsp/documents/final-governance-ms.pdf>
http://www.cdc.gov/nphpsp/documents/governance/07_110300-gov-booklet.pdf
10. WHO
http://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_Governance.pdf
11. MSH Pharmaceuticals and the Public Interest: The Importance of Good Governance
<https://www.msh.org/resources/pharmaceuticals-and-the-public-interest-the-importance-of-good-governance>
12. Effective Governance for Quality and Patient Safety in Canadian Healthcare Organizations
<http://www.patientsafetyinstitute.ca/English/research/PatientSafetyPartnershipProjects/governanceForQuality/Documents/Full%20Report.pdf>
13. Governance Guide for Primary Health Organizations
<http://www.nzdoctor.co.nz/media/265830/governanceguideforphosdraft07.pdf>
14. Good governance guide helping local governments govern better
<http://www.goodgovernanceguide.org.au/>
15. Good Governance Institute of Australia
<http://www.governanceinstitute.com.au/knowledge-resources/good-governance-guides/>

16. Good governance guide for public sector agencies
<http://www.publicsector.wa.gov.au/public-administration/public-sector-governance/good-governance-guide-public-sector-agencies>
17. Practical Guide to Collaborative Governance and Training Manual
http://www.policyconsensus.org/publications/practicalguide/collaborative_governance.html
18. ELDIS
http://www.eldis.org/go/topics/resource-guides/health-systems/governance-and-health#.U3mtp_YU-wl
19. DIY committee guide <http://www.diycommitteeguide.org/resource/governance-health-check>
20. National Association of Local Boards of Health <http://nalboh.org>
21. National Association of Public Hospitals and Health Systems www.naph.org
22. National Center for Healthcare Leadership <http://www.nchl.org/>
23. Great Boards <http://www.greatboards.org/>
24. BoardSource
<https://www.boardsource.org/eweb/DynamicPage.aspx?Site=bds2012&WebKey=6d3c3e6f-9d8c-441b-946c-f5a41d1e4b86>
25. UNDP Oslo Governance Center Assessing Governance to Achieve Health and Education Goals
http://www.undp.org/content/undp/en/home/librarypage/democratic-governance/oslo_governance_centre/assessing-governance-to-achieve-health-and-education-goals/

Continued governance education opportunities

Many continued governance education opportunities are currently available if you would like to continue learning. We have listed several such opportunities below.

1. e-Institute of the World Bank
 - a. *e-courses*
 - 1) Introduction to Social Accountability
 - 2) Social Accountability Tools for the Africa Region
 - 3) ICT for Social Accountability
 - 4) Gender Equality and Development
 - 5) Health Outcomes and the Poor
 - 6) Management in Health
 - 7) Results Based Financing in Health
 - 8) Strengthening the Essential Public Health Functions: Part I, II and III

Part I covers introductory module and basis and organization of health systems: (i) Health Situation Monitoring; (ii) Surveillance and Risk Control; (iii) Human Resource Development; (iv) Emergencies and Disasters.

Part II covers strategy and policy: (v) Policy Development; (vi) Regulation; (vii) Health Promotion; and (viii) Research.

Part III covers Track 3: Access and Quality: (ix) Quality of Services; (x) Equitable Access; (xi) Social Participation; and (xii) Inter-sectoral Action for Health.

b. Webinars

Introduction to Principles and Guidelines for Better Governance in Hospitals

<http://einstitute.worldbank.org/ei/webinar/themes/improving-governance-and-social-accountability-in-health-care-services-delivery>

Improving Health Service Delivery in Uganda: A Multistakeholder Approach

<http://einstitute.worldbank.org/ei/webinar/improving-health-service-delivery-uganda-multistakeholder-approach>

c. eCommunities

<http://einstitute.worldbank.org/ei/community>

An e-community is a web site where people and practitioners from around the globe who share common concerns get together to exchange ideas, experiences, resources, challenges and possible solutions, and tools on a specific subject. You will find several online learning communities at the above site. Governance and Health Systems (Electronic Network of Procurement Practitioners (eNePP)) and Governance (Voices against Corruption Youth Network) are two examples. You may join the communities of practice of your interest.

2. Online courses from other institutions

1) Maastricht University

<http://mgsog.merit.unu.edu/education/onlinecourses.php?cat=governance>

Governance is a complex concept which is often used but not always correctly understood. It is an elusive notion, defined and measured in various ways. Sometimes, the idea of governance is differently placed in practice or wrongly conceptualized theoretically. This course guides participants through key theoretical debates surrounding the concept of governance while at the same time presenting a range of empirical examples to illustrate how governance works in practice. The framework of the course comprises and tackles the following facets of governance: governance as an analytical term, governance and public administration, governance and globalization, governance as decision-making, (good) governance and international organizations. The target group of this course is oriented but not limited to students, policy practitioners, NGOs staff, civil and international servants.

The course is structured in 5 learning modules stretched across 10 weeks. The learning process will feature a series of online lectures, tutorial supervision, online movie screenings, and assignments. The design of the course is structured as such as to allow mobility in the work and schedule for every participant. Course fee is 250 – 400 euro.

2) Wisdom center

<http://www.wisdomnet.co.uk/courses/clinical-governance>

This short training course is for clinicians and health service managers. It provides a comprehensive introduction to clinical governance and risk management, and how they can be used to deliver excellence in clinical care. Training is delivered entirely online. You can start at any time and take as long as you wish to complete the training. Most participants prefer to study one topic a week (approximately two hours study time), spreading it over a ten-week period.

The course has been divided into 10 topics, covering the key elements of clinical governance and risk management, that include Finding and using evidence, EBP and guidelines, Patient and Public Involvement, Accountability, performance and underperformance, Risk management, Audit, effectiveness and coding, Patient safety and significant event audit, and Data security and Confidentiality.

3) UNESCO

Online Course on Governance of Decentralized Sanitation

<http://www.unesco-ihe.org/online-course-governance-decentralized-sanitation>

The overall objective of this course is to provide participants with an understanding of policy and management challenges with reference to peri-urban sanitation services.

4) The Governance Institute

<http://www.governanceinstitute.com.au/learning/short-courses-certificates/>

Governance Institute's Certificate courses provide knowledge and skills for those in a governance role who are responsible for the corporate accountability functions of an organization and who require a broad understanding of their governance responsibilities and the skills required to carry them out. This can be in a public or proprietary company, a not-for-profit, public sector or other organization.

5) Online Health Governance Development Program

<http://www.cha.ca/online-health-governance-development-program-to-launch/>

The Canadian Healthcare Association (CHA) has launched the Governance Development Program (GDP) – a distance learning program designed to support the training of health sector boards of directors. The GDP is a series of online courses aimed at developing and strengthening key health governance competencies. This series of courses focuses on essential governance skills and knowledge. CHA has another course in the series: Governing for Quality and Safety.



Training Facilitation Handbook

Governance Enhancement Course for Provincial Health Office Governance Leaders and Staff

June 2014



Funding was provided by the United States Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-11-00015. The contents are the responsibility of the Leadership, Management, and Governance Project and do not necessarily reflect the views of USAID or the United States Government.

Table of contents

Acknowledgements.....	4
Introduction	5
Learning Plan.....	9
Instructions for Facilitators	11
Session 1: Accessing the Governance Resource Suite	31
Session 2: Applying the Challenge Model.....	38
Session 3: Reviewing roles and responsibilities of a governing body.....	43
Session 4: Cultivating accountability.....	47
Session 5: Engaging stakeholders	54
Session 6: Setting a shared strategic direction	61
Session 7: Stewarding resources.....	67
Session 8: Assessing and enhancing governance.....	74
Session 9: Promoting competency-based governance.....	85
Session 10: Establishing infrastructure for effective governance.....	91
Session 11: Governance enhancement planning.....	97
Session 12: Evaluating the learning experience.....	101
Appendix 1: Provincial Health System Governing Body Governance Development Plan	106
Appendix 2: Case study for reflection.....	115
Appendix 3: Want to learn more?	118

Acknowledgements

This work was funded by the United States Agency for International Development (USAID) through the Leadership, Management, and Governance (LMG) Project. The LMG Project team thanks the staff of the USAID Office of Population and Reproductive Health, in particular, the LMG Project Agreement Officer's Representative and her team for their constant encouragement and support.

This training handbook and the accompanying guides on governance represent the collective effort and input of many experts in public health leadership, management, and governance. The LMG Project would like to take a moment to acknowledge the individuals who have made these materials possible.

We would like to thank members of the LMG team for their dedication to the learning opportunity these handbooks provide. Dr. Mahesh Shukla, Senior Technical Advisor on Governance, and Dr. James A. Rice, Project Director, have been instrumental in creating and shaping these handbooks on governance. Ummuro Adano, Lourdes de la Peza, Stephanie Calves, and Sarah Johnson served as internal reviewers and their suggestions have been very useful. The support of Xavier Alterescu, Megan Kearns, Laura Lartigue, Jeremy Malhotra, Elizabeth Walsh, Dana Bos, and Alison Ellis has been critical to the completion of these handbooks.

LMG would also like to thank other colleagues at Management Sciences for Health (MSH), specifically Karen Chio and Sharon May, for their instructional design review and inputs. A special thanks to MSH Ethiopia for giving us an opportunity to pilot test the handbooks and for providing essential feedback on their practical application.

The LMG Project team thanks the hundreds of leaders, managers, and people who govern in the health sector and health institutions in low- and middle-income countries, who spent substantial time in taking our surveys and interviews in 2012. The five effective governing practices were identified based on insights they shared during these inquiries. Special thanks are extended to the three Provincial Public Health Coordination Committees and eleven District Health Coordination Committees in Afghanistan who pilot tested the five governing practices with encouraging results.

Finally, LMG would like to thank all of the individuals and organizations striving to improve health sector governance all over the world. We hope this handbook and the accompanying governance guides will serve as valuable resources for continued support of good governance.

Introduction

Effective governance is *the big enabler* for those who lead, manage, and deliver health services that result in better health care and health gains. This training handbook is designed to facilitate the governance orientation and continuing governance education and enhancement of the people invited to serve on governing bodies of the provincial health offices and health systems. Similar handbooks have been developed to facilitate governance enhancement in the ministries of health, district health systems, hospitals and health centers. The training handbooks are expected to be used by the facilitators in conjunction with the five guides on effective governing practices.

Governance Learning Experiences Design

The learning experiences this handbook facilitates have the following essential characteristics:

- Practical and interesting for persons at all levels of education and experience.
- Focused on important challenges known to frustrate or facilitate effective governance in diverse governing bodies.
- Use experiential learning in which participants tap into their own situations, problems, and experiences to bring the learning concepts, tools, and materials to life.
- Guided by evidence from low- and middle-income countries on what actually works, participants' knowledge and experiences are enhanced, leading to more effective governance of health service organizations.

The Audience

Countries now have thousands of health, civic, community, and business leaders invited to serve on multi-sectoral governing bodies in the health sector. These governing bodies have varying degrees of authority and responsibility to help ensure that their organization's health services are well designed, understood, well managed, and used by the people, families, and communities they exist to serve.

The learning experiences in this series of handbooks have been designed to serve the needs of the governing bodies of projects, programs, health centers, hospitals, provincial and district health councils, health regulatory bodies, health professional associations, and civil society organizations that are engaged in:

- Health care
- Malaria
- Tuberculosis (TB)
- HIV and AIDS
- Maternal, newborn and child health
- Family planning and reproductive health
- Other health services

Leaders who govern and members of the governing bodies are the target audience for the learning experiences described in this handbook. We also expect that the senior managers and health providers engaged with these leaders serving on the governing bodies will participate in the learning experiences. We anticipate that the participants will have a wide range of backgrounds and competencies. Some will have advanced university education, many may be new to health systems, and those serving in remote areas may have had limited opportunities for formal training or education. All, however, can make valuable contributions to the effective governance of their health organization, and all are respected participants in the learning experiences.

Governance Learning Resources

This training handbook does not stand alone. The handbook is intended to be used in conjunction with a learning pledge and with other resources:

1. An individual and organizational pledge to engage and participate fully in order to optimize the value gained from the learning experience.
2. Additional handbooks especially designed for each type of setting (i.e., governing bodies or leaders who govern ministries of health, provincial health systems, district health systems, hospitals and health centers).
3. Five guides on how to apply the effective governing practices (i.e., cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and assessing and enhancing governance) that contribute to good governance, health system strengthening, and better health outcomes.
4. A reference library on the web portal that is continuously updated with information on trends and evidence of the value of effective governance.
5. LMG's web portal contains the reference materials and other materials including the experiences and guidance of others who are successfully engaged in strengthening governance. In the future, LMG plans to further develop this suite of resource materials to support the capacity development of managers and members of governing bodies who are dedicated to strengthening the performance and results of health systems in low- and middle- income countries. LMG plans to add (1) a learning lab kit, with a variety of tools, templates, and worksheets that facilitators can use to engage learners, and (2) case studies, scenarios, and tools for team and experiential learning, and select readings and video-taped insights for those less literate.

We hope the leaders who govern and governing bodies will enjoy the journey to master effective governance using these resources.

Who can be a facilitator?

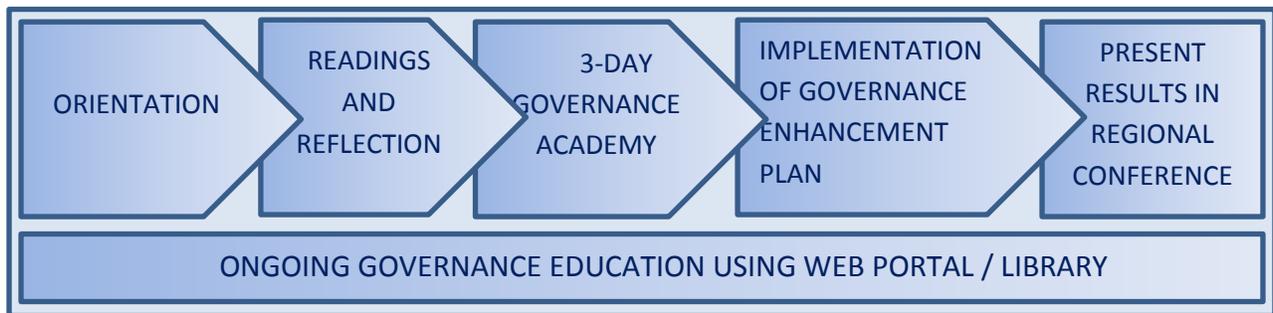
Leadership, management, and governance trainers can be facilitators for the delivery of these learning experiences. A senior manager from the organization whose governing body wants to learn and benefit from these learning experiences is also a good candidate for being a facilitator. The selected facilitator has two options to get ready for facilitation: prepare himself or herself through self-study of the materials, or go through a *Training of Governance Trainers Program* offered by the LMG Project. You may contact Project Director Jim Rice (jrice@msh.org)

to find out more about the training programs for the governance leaders, training of trainers, or for any help in using these materials.

Governance Learning Continuum

The five guides can also be used as self-study resources by the governance leaders or governing bodies to learn about the governing practices and apply them. However, learning will be more effective if a structured training program is organized using the training handbook, following the learning continuum. The learning continuum comprises a carefully designed learning experience consisting of: general orientation of new governing body members; readings, reflection, and collective self-assessment by the governing body; a three-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered; implementation of a governance enhancement plan and an action plan to improve selected measures of the organization’s performance; and presentation of lessons learned and results in a regional conference; all of this is supported by continuous governance education using the resources available on the LMG website (<http://www.lmgforhealth.org/expertise/governing>).

Governance Learning Continuum



The figure below depicts how governance education will help the health leaders learn and apply the five effective governing practices and achieve better health performance of their health systems.



Learning Plan

The table below illustrates a learning plan which follows the governance learning continuum described above.

Orientation of new members appointed to the governing body ↓			Before the Governance Academy	Ongoing Governance Education Using Governance Reference Library and Governance Web Portal
Select readings on governance and effective governing practices				
Collective self-assessment of governing body performance in a special meeting ↓				
Reflection on the current state of governance Participants apply the Challenge Model to governance in their own setting				
Governance Academy			3-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered	
Day 1	Day 2	Day 3		
Accessing Governance Resource Suite	Engaging with stakeholders	Competency-based governance		
Participants apply the Challenge Model to governance in their own setting	Setting a shared strategic direction	Infrastructure for effective governance		
Roles and responsibilities of a governing body	Stewarding resources	Planning governance enhancement		
Cultivating accountability	Assessing and enhancing governance	Evaluating the learning experience		
↓			After the Governance Academy	
Consistent application of the five governing practices and implementation of a governance enhancement action plan over six to twelve months to influence two to three strategic measures of organizational performance				
Regular monitoring of the implementation of the action plan in the governing body meetings				
Presentation of the results and lessons learned in the Regional Conference				
Ongoing periodic assessment of governance at all levels (governing body as a whole, its committees, and individual members)				
Chair and governance committee take responsibility for continuous governance enhancement			Continuous application	
Governing body renews itself from time to time with recruitment of new members and governance education cycle continues				

What is in it for me?

Benefits for the facilitators

This is a challenging professional assignment for facilitators. Facilitators will gain an in-depth knowledge of governance and of effective governing practices. They will have the opportunity to engage with very high-level leaders in the health system and health sector. These are busy people with very important responsibilities. To work with them and help them achieve measurable results will be the ultimate test of facilitation skills; the challenge for the facilitator is to help the participants adopt the five effective governing practices in their governing behavior. There will be increasing demand for their facilitation services as health systems governance increasingly becomes recognized as a prominent health systems building block in need of capacity development.

Benefits for the participants

Improving governance is one of the essential elements of realizing the dream of a strong health system achieving greater health impact. Good governance enables the effective use of medicines, information, human resources, and finances to deliver better health service performance and better health outcomes. There is an emerging body of evidence that shows that effective governance improves health outcomes. Poor governance, on the contrary, has been found to undermine the vitality of the health system, making it less effective, less efficient, less equitable, and less responsive to the people it is intended to serve.

Through this training, participants have an opportunity to learn, adapt, adopt, and apply five evidence-based practices of governance. The program will also help them periodically assess and continuously improve their governance. All five practices, when put into operation in a health system, enable improved health system performance and better protection, promotion, and restoration of health. Most importantly, the five practices help the leaders who govern achieve and demonstrate better organizational performance and better results to their stakeholders.

Leaders who govern do so in close partnership with health managers, health providers, health workers, community leaders, patients, and governance leaders in other sectors. They facilitate the work of managers who in turn facilitate the work of clinicians and health workers. This course, when jointly taken by governing body members, senior managers, and clinician leaders will have a positive synergistic effect on the performance of the organization.

After taking this course, leaders who govern will be able to make important 21st century governance shifts.

Governance Shifts

#	Shift from ...	Shift to ...
1	Labor-intensive 20 th century governance	Technology-supported 21 st century governance processes
2	Governance as usual	Pursuit of efficiency and sustainability in health systems
3	Input-oriented governance	Results-orientation, i.e., culture of measuring and reporting results
4	Arbitrary decision-making processes	Transparent decision-making processes
5	Intuition- and opinion-based governance	Evidence-based governance
6	Authoritarian decision making	Stakeholder engagement in governance decision making
7	Management-driven strategic planning	Stakeholder needs-driven strategic planning
8	Appointments to governing positions based on personal relationships	Competency-based appointments to governing positions
9	Static governance process	Continuous governance enhancement
10	Male-dominated governance	Women holding governance positions
11	Silo-like health ministry	Whole-of-society and whole-of-government governance
12	Central Ministry of Health control	Decentralized provincial and district health governing bodies

(Source: MSH. 2005. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA.)

Instructions for Facilitators

General instructions

Familiarize yourself with the learning domains relevant to governance education. These domains include cognitive, affective, and interpersonal dimensions.

Cognitive Domain

The cognitive domain focuses on intellectual skills (knowledge, comprehension, application, analysis, synthesis, and evaluation) and encompasses the increasing complexity of intellectual skills as students or participants advance their knowledge of content. This domain is the core learning domain. Collaborative assignments, such as group work included in the individual sessions in the Governance Academy, help participants gain advanced intellectual skills, such as application, analysis, and synthesis. The academy sessions are designed so that the participants get to know the five effective governing practices, apply them to their context and evaluate themselves/ their governing body on these practices.

Affective Domain

The affective domain is critical for learning. This is the domain that deals with attitudes, motivation, willingness to participate, valuing what is being learned, and ultimately, incorporating the values of a discipline into a way of life. Elements in this domain are:

- Receiving (willing to listen)
- Responding (willing to participate)
- Valuing (willing to be involved)
- Organizing (willing to be an advocate)
- Characterization (willing to change one’s attitude, behavior, practice, or way of life)

The facilitators should note that the following factors enhance affective learning: informing the participants of the value of the course; having alumni who are using the knowledge from the course in their governing roles explain the value of the course; giving an overview of the resources and resource persons available to help participants; allowing participants time to raise questions and give feedback; and encouraging participants to set goals for themselves that are reasonable.

Interpersonal Domain

The interpersonal domain focuses on people interacting with others. The skills in this domain include the following:

- Seeking/giving information
- Proposing (putting forward an idea)
- Building and supporting (helping another person's idea move forward)
- Bringing in (involving another)
- Disagreeing (appropriately offering a difference of opinion)
- Summarizing (restating in a compact form a discussion or collection of ideas)
- Others, such as negotiating, compromising, facilitating, and leading

Participants will use several of these interpersonal skills in the group work included in the individual sessions. Facilitators should encourage the groups to use positive interpersonal skills.

The handbooks and sessions have design features that encourage learning in all the three domains. They include: critical questioning; reflection; giving feedback on the processes of team and group dynamics; creating governance enhancement plans; discussion; peer involvement; problem-based learning; group analysis and synthesis of governing practices; and sharing perspectives. Facilitators should use and encourage the use of these features.

Using the Five Guides and this Training Handbook

We have developed guides to help the governing body members and leaders who govern operationalize each of the five effective governing practices in a health sector organization.

These practices are:

1. Cultivating accountability
2. Engaging stakeholders
3. Setting a shared strategic direction
4. Stewarding resources
5. Assessing and enhancing governance

This training handbook is an accompaniment to the five guides. It may be used as a facilitation resource for trainers/facilitators to build the capacity of both governance leaders (leaders who govern) of a provincial health office and health system as well as provincial health office and health system management leaders who support good governance practices. An important component of the governance learning plan is the 3-day workshop that we refer to as

Governance Academy. The handbook gives detailed guidance on setting up and conducting Governance Academies through which the knowledge and skills in applying the five governing practices can best be mastered.

Before the Governance Academy

A sample invitation letter is provided at the end of this chapter. A suitable adaptation of this sample letter of invitation should be sent to participants well in advance, preferably three months in advance of the Governance Academy. Participants will use this lead time to do essential reading, reflection, and the collective governance self-assessment, which serves as the basis for applying the Challenge Model to their governance.

The learning plan, learning continuum, schedule of the three-day academy, compulsory reading materials, and instructions on applying the Challenge Model should accompany the invitation letter.

Prior reading and specific pre-work related to the readings:

It is essential that the participants read the following three publications in advance:

1. The eManager issue on “How to Govern Health Sector and Its Institutions Effectively” available at <http://www.lmgforhealth.org/expertise/governing>.
2. Chapter 3 of *Health Systems in Action: An eHandbook for Leaders and Managers* available at <http://www.msh.org/resources/health-systems-in-action-an-e-handbook-for-leaders-and-managers>.
3. The five guides (cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and continuous governance assessment). These guides may be accessed at <http://www.lmgforhealth.org/expertise/governing>.

The preferred order for the readings is the eManager followed by the eHandbook chapter on governance followed by the guides. The guides offer participants opportunities for deep reflection on the new behaviors that need to be adopted and how to apply the effective governing practices in their own settings. The readings also set the stage for pre-work related to the self-assessments.

Pre-work related to the self-assessments and the Challenge Model

In the run up to the three-day Governance Academy, the governing body as a whole should conduct a collective self-assessment on how well they are performing their role and responsibilities. They may adapt and use one of the many formats given in the Appendices in the Guide for Continuous Governance Enhancement, or the assessment tool contained in Appendix 1 of this Handbook. This self-assessment will be shared with the facilitator to enable appropriate preparation for the learning experience.

In addition, the governing body as a whole will apply the Challenge Model to their governance. (A review of the use of the Challenge Model is contained in the Guide for Setting a Shared Strategic Direction and is more fully described in the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services* available at <http://www.msh.org/resource->

[center/managers-who-lead.cfm](http://www.msh.org/resource-center/managers-who-lead.cfm).) Using the Challenge Model, the governing body members will define their vision of good governance in light of their organization’s mission. They will then apply the Challenge Model to governance in their own setting. Based on their experience, they will assess their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenges, identify two or three strategic measures of organizational performance that their governing body wants to influence through the use of good governance, and pinpoint key priority actions they will undertake to overcome the obstacles.

When applying the Challenge Model, the members will reflect on what frustrates and what facilitates good governance in their setting and also how to overcome the obstacles. They will also reflect on their governance capacity building needs.

Facilitators need to prepare well for the Governance Academy experience. They should familiarize themselves with the use of the “Challenge Model” and “Root Cause Analysis” techniques. (These are well described in *Managers Who Lead: A Handbook for Improving Health Services* available at <http://www.msh.org/resource-center/managers-who-lead.cfm>. Root cause analysis is also covered in the Appendix to the Guide for Setting a Shared Strategic Direction.) If participants are able to successfully and effectively apply these techniques to their governance, they are likely to better appreciate the value of improving their governance and the value of this learning experience in helping them improve their governance as an essential enabler for the work of the organization as it pursues its mission.

Facilitators will also need to learn about facilitating a SWOT (strengths, weaknesses, opportunities and threats) analysis. *Opportunities* are external factors in the environment that may improve performance and *threats* are external elements in the environment that could cause trouble, whereas *strengths* and *weaknesses* (strong points and weak spots) are internal attributes of the governing body. University of Kansas has a free online resource on its community toolbox site on how to conduct SWOT analysis <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main>.

Reading materials and handouts

Facilitators should review the session outlines, collect all the reading materials from the LMG Project (available at <http://www.lmgforhealth.org/expertise/governing>), and print/make sufficient copies for participants. They should judge what works best in their context, i.e., giving a soft copy of all materials on a flash drive, or giving hard copies or both. Participants will need to have the relevant guide available during a session on a particular governing practice as a reference material. Handouts to be given during the session are clearly described or exhibited in this training handbook.

During the Governance Academy

The Governance Academy is an intense three-day learning experience that requires the full time and attention of all participants. Participants should understand and commit to setting time aside for this three-day program to strengthen their governance capacity. Successful

completion of the Academy will help them have a concrete governance enhancement plan and an action plan to influence two to three strategic measures of their organizational performance. They will implement these plans over next six to twelve months and obtain measurable results for their stakeholders.

Facilitators should allow the participants time to raise questions and provide their feedback during the three-day academy. This will increase their willingness to listen, willingness to participate, willingness to be involved, and willingness to adopt the five effective governing practices.

Sessions

The facilitator will be expected to plan and conduct 12 sessions in the Governance Academy. The academy has been designed to help provincial health office and health system governance leaders and senior staff members understand, master, and feel more comfortable, confident, and competent in applying the five effective governing practices in their own setting. The sessions will also enhance the governing competencies of governance leaders and staff. The sessions broadly follow the outline below.

Focus: Theme or topic is mentioned in the title of each session.

Content: One session on each of the five effective governing practices as well as other preparatory and supportive sessions.

Duration: Each session is one or two hours, except the one on governance enhancement planning, which is three hours long.

Goals and objectives: Specific trainer goals and learning objectives are described in the session description.

Participants: The session participants are provincial health office and health system governance leaders and staff.

Outline: The session outline specifies a set of participant activities (how participants will accomplish the curriculum objectives) and essential questions (what central questions participants will answer as the session unfolds).

Resources: Background reading and session handouts describe resources the facilitator should use to help participants accomplish the curriculum.

Assessment activities: Session handouts and assessment activities are suggested. Grading is done by the facilitator on group presentations. A grading tool is given to help the facilitator grade the presentation and determine if participants: a) have achieved the objectives of the session, and b) can answer the essential questions central to the topic of the session. The facilitator may use scores from the grading of groups' performance at the conclusion of each session in a variety of ways. The facilitator may use the scores to motivate the groups and individual members to contribute, pay attention, do the work, etc.

The Governance Academy should be conducted in a three full-day workshop format. About eight hours of activities should be planned in a training day. In addition to the training sessions, time should be provided for recap of the earlier day, inter-session breaks, and closing

discussions. All learning is expected to take place in a highly interactive mode, with extensive small and large group discussions and exchange of ideas. During each session:

- The participants will be divided into small learning groups.
- Each group will have five to six participants.
- Two to four groups will participate in a break-out session facilitated by one facilitator.

The total number of facilitators needed will depend on the number of participants invited to the academy.

- If there are 10–24 participants participating in the academy, one facilitator will be needed to deliver the training effectively. If more than 24 participants and up to 40 participants are attending, two facilitators will be needed. If more than 40 participants are participating, three facilitators will be needed.
- Each break-out session will need a separate room or space. For example, one, two, or three rooms/spaces will be needed for group work if there are 15, 30, or 45 participants, respectively. A big hall will be needed for the plenary discussion.

In general, the basic design of a session is two to four groups of five to six participants from the same setting identify their governance challenges and design solutions. For example, participants could be from many different provinces but they should be from provincial health office and health systems. The participants will discuss the same set of central questions in a session, and each group will make a presentation to the other groups on what they propose to do to implement the specific effective governing practice discussed in the session.

All sessions are practice-oriented, based on an experiential learning methodology, and do not deal with theoretical aspects during the academy.

Theoretical concepts and applications in practice are covered in the reference texts: the five guides on five effective governing practices, eManager on “How to Govern Health Sector and Its Institutions Effectively,” and Chapter 3 on governance in the MSH publication, *Health Systems in Action: An eHandbook for Leaders and Managers*.

As described above, we recommend that these reference texts be sent with the invitation letter for the Governance Academy. The participants should use the time available to them during their busy schedules to read and reflect on these reference texts. In this way, they will gain a theoretical and practical understanding and be more prepared for the experiential learning during the academy.

The desired outcomes of the training are defined in detail in this handbook. To achieve the outcomes in an effective and efficient way, the academy sponsors and organizers should consider:

- Learning context (what constraints do you anticipate?)
- Content expertise (what content experts are available to help?)
- Training expertise (what training experts are available to deliver the training?)
- Logistical requirements (based on size and number of participants)

- Language preference of the participants

Based on these criteria, appropriate modifications may need to be made to the suggested design of the Governance Academy.

After the Governance Academy

On successful completion of the Governance Academy, participants will have two plans in hand: a "Plan for Governance Enhancement," and an action plan for applying the five governing practices to improve two to three strategic measures of their organization's performance. Over the next six to twelve months, participants will be expected to consistently apply the five governing practices and implement their governance enhancement plan and action plan. They will monitor the implementation of these plans in their governing body meetings. The governing body will present the results and lessons learned in a Regional Conference to be scheduled by key leaders in the area.

As an outcome of the learning process, participants learn to conduct periodic assessments of their governance by the governing body as a whole, its committees, and at the individual member level. As discussed earlier, they will use the results of these assessments to further improve their governance and their organization's performance. The Chair and governance committee should take responsibility for the continuing governance education and continuous governance enhancement of the governing body. The governing body renews itself from time to time with recruitment of new members. New members should receive orientation on their role and responsibilities and the state of their health system. The Chair and the governance committee should consider providing mentorship opportunities to the new members.

Governance enhancement plan consists of periodically assessing governing practices and continuously trying to improve these practices. Continuous governance enhancement is accomplished through regular governance assessments, governance orientation and education, building diversity in the governing body, cultivating essential governance competencies, conducting productive meetings, establishing governance policies, and using governance technologies like dashboard.

The primary purpose of enhancing governance is to improve the organizational performance. For this reason, governance leaders working with the senior management and with key stakeholders develop an action plan to improve two to three strategic measures of the organization's performance. This involves practical use of the governance competencies and capacity of the governing body and also consistent application of the effective governing practices they learned in course of the governance enhancement education. When the governance leaders see their governance decisions translating into higher organizational performance, they may be inclined to consistently apply the effective governing practices. A virtuous cycle is set into motion, improved governance leading to better organizational performance, which in turn motivates the governance leaders to continuously enhance their governance.

Sample invitation letter

(This is a sample invitation letter from the facilitator to the members of the governing body and senior management to participate in the governance learning experience. The facilitator should make appropriate modifications to the letter based on the context and the local situation.)

Welcome to Your Governing Body Role,

We congratulate you for being invited to serve on the governing body and to perform a governing role. This invitation indicates that you have been recognized as a wise leader in your community or region, and that you are believed to have a keen interest in helping support the mission of your organization.

As a new governing body member, you are beginning a period of service that brings with it prestige, credibility, influence, and personal satisfaction. You bring a lot of time, effort, and a sincere desire to improve the health of your community and to guide the plans and vitality of your organization.

What are the five most important roles of your governing body for this health service organization?

1. Bring needs of beneficiaries in to the plans and work of the organization.
2. Advocate for the needs of the organization to stakeholders.
3. Support management to develop service quality.
4. Support management to develop the economic vitality of the organization.
5. Help management to protect and achieve the mission of the organization.

While the legal status of each governing body has slightly different authorities in each country and for each type of health service organization or health facility, the legally-constituted governing body is expected to be a careful steward of the organization's mission and its many resources by the people and the government on behalf of the people.

In the eyes of the law of most countries, governing body members have an ethical obligation that should not be divested through delegation to committees or to management. As a member of this governing body, you are held to a very high standard of conduct. You, and others serving on this governing body, are charged with safeguarding the mission of the organization, protecting and enhancing the assets of the organization, protecting patients or other beneficiaries from harm, and not getting any personal gain from your relationship with this organization, other than a sense of pride that your time and talents are being used wisely and well to serve the people.

Governing Body Leadership

You have been selected as a governing body member because you bring important knowledge, skills, and experience to the organization's policy making and oversight duties. This probably results from your demonstrated abilities to lead and support others.

Leadership in the setting of a health sector governing body has specific attributes. We want you to feel comfortable that, after reading certain reference documents and/or attending your organization's orientation program, you will have added a few new leadership attributes to your own. For this reason, we suggest that you will want to discuss the following draft governing body roles and responsibilities as you prepare for your work on this governing body.

You will have an opportunity to learn more about the role of this organization to protect, promote, and restore health for the people of this region. You will also be able to participate in the "Governance Academy" that supports the continued enhancement of your capabilities to be a high performing member of your governing body. We hope you will be proud of your governing body service and appreciate the opportunity to work with other respected colleagues on this body in the years ahead.

Governing Body Leadership Responsibilities

As you plan for your service on this governing body, we hope that you will conduct yourself in a way that helps the staff and external stakeholders develop confidence:

- In the quality and safety of the organization's health services.
- That resources are invested in a way that delivers optimal health outcomes to the people the organization exists to serve.
- In the accessibility and responsiveness of the organization's health staff and health services.
- That beneficiaries, patients, and the public can engage to help to shape health services that meet their needs.
- That the public's money is spent in a way that is fair, efficient, effective, and economic.

To succeed in accomplishing these responsibilities, you will want to learn how you can best understand and implement four essential practices:

1. Help establish a culture in the governing body and in your organization that expects transparent decision making and reporting of results from the work of the organization's staff and partners. You are expected to **help the organization be accountable for its decisions and behaviors** in the governing body, the management, the health care workers, and you yourself as a high performing member.
2. You listen carefully to the needs, fears, pains, and expectations of all stakeholders engaged in the work of the organization. **You are to be effective at stakeholder engagement.**
3. One of the most important practices is to work with other members of the governing body and the organization's management to establish a "strategic road map" for the organization to achieve superior performance and health care outcomes. You are to be **effective at setting strategic direction** for the organization.
4. You do not own this organization, rather, you hold it in trust for the people the organization exists to serve. You are expected to **be a good steward of the organization's scarce resources**—human, technological, and financial.

The resources you will be able to access in your journey for continuous governance improvement include the guides on applying the give effective governing practices.

Attached to this letter are the learning plan, learning continuum, schedule of the three-day Governance Academy, materials for reading to be done prior to the Academy, and instructions on applying the Challenge Model to your governance. As your facilitator, I will further assist you in accessing useful governance resources during the Academy.

Prior reading and specific pre-work related to the readings

It is essential that you read the following three publications in advance and reflect on what they say.

1. The eManager issue on “How to Govern Health Sector and Its Institutions Effectively” available at <http://www.lmgforhealth.org/expertise/governing>
2. Chapter 3 of *Health Systems in Action: An eHandbook for Leaders and Managers* available at <http://www.msh.org/resources/health-systems-in-action-an-e-handbook-for-leaders-and-managers>.
3. The five guides (one each on cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and continuous governance enhancement). These guides may be accessed at <http://www.lmgforhealth.org/expertise/governing>.

The guides will help you reflect on new behaviors that need to be adopted and how to apply the effective governing practices in your own setting.

Pre-work related to the self-assessments and the Challenge Model

In the run up to the three-day Governance Academy, your governing body as a whole should conduct a collective self-assessment on how well the governing body is performing its role and discharging its responsibilities. You may adapt and use one of the many formats given in the Appendices of the Guide for Continuous Governance Enhancement for this purpose, or the assessment tool contained in Appendix 1 of this Handbook. In addition, the governing body as a whole will apply the Challenge Model to its governance, and reflect on what frustrates and what facilitates good governance in its setting and also how to overcome the obstacles. The governing body will have an opportunity to review the results of the Challenge Model during the academy.

You may always ask questions about your governance work and this orientation program by contacting us here:

Facilitator will give his or her contact details here.

(Letter ends here.)

The facilitator may use the following illustrative schedule and adapt it appropriately while designing her or his schedule suitable for the local circumstances.

Illustrative schedule of the three-day Governance Academy

Time	Activity	Type of activity
Day 1		
8:00 – 8:30	Registration and refreshments	
8:30 – 8:45	Recitation of Prayer	Recitation
	Introductory speeches <ul style="list-style-type: none"> • Speech 1 • Speech 2 	Speeches in Plenary Session
8:45 – 9:45	Introductory session	Group work
9:45 – 10:00	Tea Break	Group work
10:00 – 11:00	Session 1: Accessing Governance Resource Suite	Group work
11:00 – 12:00	Session 2: Participants apply the Challenge Model to governance in their own setting	Group work
12:00 – 1:00	Lunch	
1:00 – 2:00	Session 3: Roles and responsibilities of a governing body	Group work
2:00 – 2:15	Tea Break	
2:15 – 4:15	Session 4: Cultivating accountability	Group work
4:15 – 4:30	End of the day evaluation (evaluation of sessions 1 to 4)	Evaluation
Day 2		
8:00 – 8:15	Recap of the earlier day	Plenary Session
8:15 – 10:15	Session 5: Engaging with stakeholders	Group work
10:15 – 10:30	Tea Break	
10:30 – 12:30	Session 6: Setting a shared strategic direction	Group work
12:30 – 1:30	Lunch	
1:30 – 3:30	Session 7: Stewarding resources	Group work
3:30 – 3:45	Tea Break	
3:45 – 5:45	Session 8: Assessing and enhancing governance	Group work
5:45 – 6:00	End of the day evaluation (evaluation of sessions 5 to 8)	Evaluation
Day 3		
8:30 – 8:45	Recap of the earlier day	Plenary Session
8:45 – 9:45	Session 9: Competency-based governance	Group work
9:45 – 10:00	Tea Break	
10:00 – 11:00	Session 10: Infrastructure for effective governance	Group work
11:00 – 12:00	Session 11: Compilation of governance enhancement plan	Group work
12:00 – 1:00	Lunch	
1:00 – 3:00	Session 11: Compilation of governance enhancement plan (Continued)	Group work
3:00 – 3:30	Tea Break	
3:30 – 4:30	Session 12: Evaluating the learning experience Conclusion of the academy with discussion in Plenary Session on what participants learned and next steps to be taken in the coming six to twelve months	Closing of the workshop in Plenary Session

Learning objectives

Introductory session

1. Get to know each other better.
2. Each participant records the baseline level of knowledge about effective governance using an instrument for self-assessment.
3. Better appreciate the importance of good governance as an enabler of enhanced health system performance.
4. Express training needs and expectations from the academy.
5. Better understand the role of fellow participants in learning.

Session 1

Accessing Governance Resource Suite

1. Get to know the Governance Resource Suite and what is available in the suite.
2. Get to know how to access it and use it, when it becomes available.
3. Express any needs for other resource materials that will facilitate learning.

Session 2

Participants apply the Challenge Model to governance in their own setting

1. Discuss, define, and describe governance and good governance.
2. Discuss what is working, what is not working in your governance, and what could be done to improve it.
3. Apply the MSH Challenge Model to governance in your own setting, discuss your current governance situation, identify obstacles and root causes that come in the way of governing well, define your key governance challenge, identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance, and pinpoint key priority actions you will take to overcome the obstacles.
4. Articulate your governance capacity building needs.

Session 3

Roles and responsibilities of a governing body

1. Get to know twelve key roles and responsibilities of a governing body.
2. Compare your own roles and responsibilities with the twelve key roles and responsibilities.
3. Identify, discuss, describe, and internalize key governance responsibilities.
4. Articulate your governance capacity building needs.

Session 4

Cultivating accountability

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.

3. Brainstorm and clarify how to cultivate accountability in your provincial health office and health system, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 5

Engaging stakeholders

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to engage with stakeholders of your provincial health office and health system, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 6

Setting a shared strategic direction

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to set a shared strategic direction in your provincial health office and health system, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 7

Stewarding resources

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to steward resources of your provincial health office and health system, i.e., what specific actions should be taken to put it into practice?
4. Review an individual self-assessment of this practice.

Session 8

Assessing and enhancing governance

1. Describe this effective governing practice.
2. Recall and discuss the foundational principles of this practice.
3. Understand the benefits of good self-assessments, and the risks of poor or infrequent self-assessments.
4. Brainstorm and clarify how to periodically assess and continuously enhance governance of your provincial health office and health system, i.e., what specific actions should be taken to put it into practice?
5. Review various governance assessments and self-assessments.
6. Brainstorm and adapt governance assessments you will use in your provincial health office and health system.

Session 9

Competency-based governance

1. Get to know twenty key competencies of a governing body.

2. Compare the skills profile of your governing body and discuss how it compares with the competency matrix of twenty core competencies.
3. Identify, discuss, and describe key governing competencies required to govern well in your own setting.
4. Articulate your governance capacity building needs.

Session 10

Infrastructure for effective governance

1. Get to know key elements of governance infrastructure a governing body needs for effective governance.
2. Compare your own governance infrastructure with these key elements.
3. Identify, discuss, and describe governance infrastructure required to govern well and infrastructure gaps that exist in your setting.
4. Articulate their governance capacity building needs.

Session 11

Governance enhancement planning

1. Brainstorm and outline a governance enhancement plan for your governing body based on the discussions during the academy.
2. Identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance.
3. Outline an action plan comprising specific and concrete action steps that the governing body will take for consistent application of the five effective governing practices over six to twelve months to influence the two to three strategic measures of organizational performance.
4. Present the governance enhancement plan and governance action plan.

Session 12

Evaluating the learning experience

1. Evaluate the learning experience.
2. Make suggestions for its improvement for future participants.
3. Discuss next steps your governing body will take in the coming six to twelve months.

Introduction to Governance

Governance is a group process of making decisions to ensure the continuous vitality and performance of organizations or health systems providing services that protect, promote, or restore the health of the people. Governing bodies champion and enable an organization to fulfill its mission.

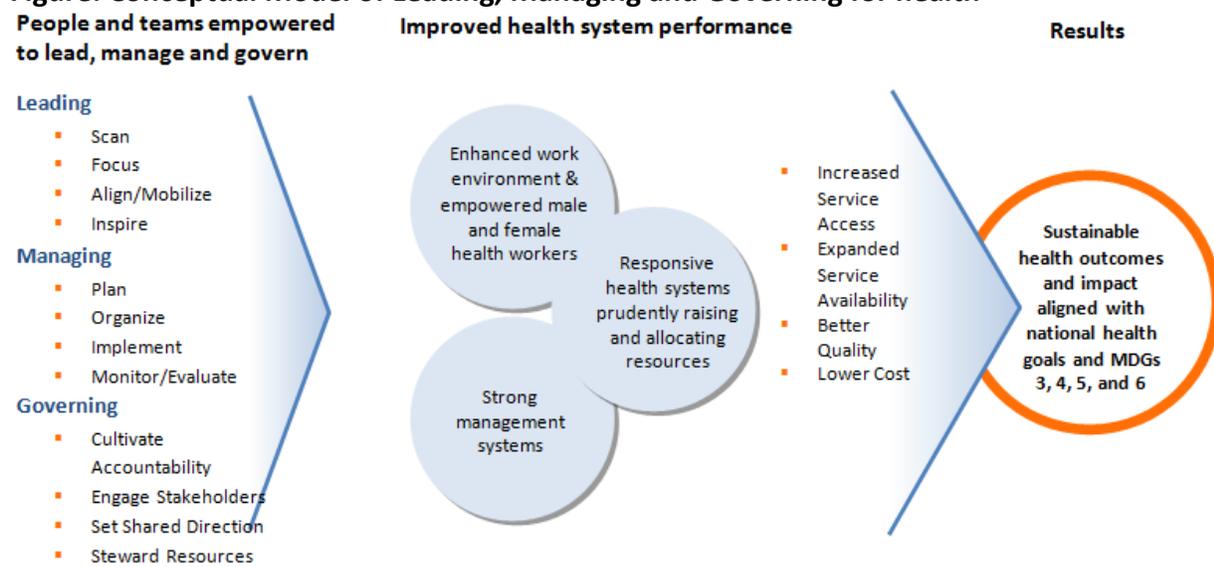
Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and making sure that the strategic goals and objectives are accomplished.

Governance for health is done with the objective of protecting and promoting the health of the people served by a public or private organization.

Governance is robust when (1) the decisions are based on accurate information, rigorous evidence, and shared values; (2) the governing process is transparent, inclusive, and responsive to the needs of the people that the ministry or the organization serves; (3) those who make and those who implement decisions are accountable; (4) the strategic objectives are effectively, efficiently, ethically, transparently, and equitably met; and (5) the vitality of the ministry or the organization is maintained and enhanced in its journey to accomplish its mission.

MSH's Leading, Managing and Governing for Results Conceptual Model below depicts how good leadership, management, and governing practices can enhance the performance of health systems to save lives and achieve significant and sustainable gains in the health status of populations.

Figure: Conceptual Model of Leading, Managing and Governing for health



(Source: MSH. 2005. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA.)

Governance in the context of health has come into sharper focus over the past decade. It has become one of the essential factors in the pursuit of stronger health systems, greater health impact, and enhanced country ownership. There is an emerging body of evidence demonstrating that effective governance improves health outcomes. Conversely, poor governance overall, and especially in the health sector, has contributed to poor health outcomes. It undermines the vitality of a health system, and makes it less effective, less efficient, less equitable, and less responsive to people it is intended to serve.

A compelling piece of evidence comes from the research conducted by Björkman and Svensson in 50 rural communities of Uganda. This work documents that community monitoring of health care providers improved health outcomes. Moreover, communities with a good governance intervention saw a significant increase in the weight of infants, and as much as a 33 percent reduction in mortality rates of children under five years of age.¹

Effective Governing Practices and Their Key Enablers

To fully understand governance and what makes it effective in the context of health, in 2012, the LMG Project carried out a web-based survey of 477 respondents in 80 countries, complemented by 25 key informant interviews in 16 countries. Survey respondents were people who hold leadership, governance, or management positions in health ministries and health institutions in low- and middle-income countries and who are members of the two LMG-supported online communities of practice of health leaders and health managers.

About 90 percent of the respondents defined governing in terms of inclusion, participation, and collaboration. In addition, they identified factors that enabled effective governing in the context of health, such as the use of performance data and scientific evidence, sound management, adequate financial resources for governing, openness and transparency, accountability to citizens and clients, and integrity. The survey and interview findings were then distilled into five governing practices. Thus, the review of the literature and the surveys and interviews of health leaders in the field defined the following five governing practices as essential to effective governance:

1. Cultivating accountability
2. Engaging stakeholders
3. Setting a shared strategic direction
4. Stewarding resources
5. Assessing and enhancing governance

Table 1 below lists the key enablers and principles that underpin these five practices.

¹ Björkman, M., Svensson, J. 2009. "Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda." *The Quarterly Journal of Economics*, 124(2): 735-769.

Table 1: Enablers and principles that underpin the five effective governing practices

Practice	Foundational Principles	Enablers	Resource
Cultivating accountability	Accountability, transparency, ethical and moral integrity, social justice, and oversight	Openness and transparency	Guide for Cultivating Accountability
Engaging stakeholders	Participation, representation, inclusion, diversity, gender equity, and conflict resolution	Inclusion and participation Gender-responsiveness Intersectoral collaboration	Guide for Engaging Stakeholders
Setting a shared direction	Stakeholder alignment, leadership, management, and advocacy	Effective leadership and management	Guide for Setting a Shared Strategic Direction
Stewarding resources	Financial accountability, social responsibility, ethical and moral integrity, resourcefulness, efficiency, and effectiveness	Ethical and moral integrity Pursuit of efficiency and sustainability Measurement of performance Use of information and evidence Use of technology in governing	Guide for Stewarding Resources
Assessing and enhancing governance	Performance measurement	Measurement of performance Use of information and evidence Use of technology in governing	Guide for Continuously Enhancing Governance

Introductory Session: Establishing rapport and understanding

During this session, participants—whether they already know each other or not—will get to know each other in various ways. Participants will be divided into groups of five to six individuals each. Introductions will help establish individual as well as group identity and give everyone a chance to define their training needs and expectations regarding governance capacity building.

Trainer goals

1. Help participants get to know each other and develop trust.
2. Identify what participants want to get out of the training.
3. Introduce the workshop objectives to the participants.
4. Record their baseline level of knowledge about effective governance.

Participant goals

1. Get to know each other better.
2. Assess your baseline level of knowledge about effective governance using an instrument.
3. Better appreciate the importance of good governance as an enabler of enhanced health system performance.
4. Express your training needs and expectations from the academy.
5. Better understand the role of fellow participants and the facilitator in your learning.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus
10 minutes	1. Introduction by the facilitator	1. Introduction of the training program 2. Introduction of the training materials
10 minutes	2. Participant introductions	Introductions and getting to know each other
30 minutes	3. Group discussion on the importance of good governance as an enabler of enhanced health system performance.	Why is governance important? What are the benefits of good governance? What are examples you have seen of good governance? What are the risks and the threats if governance is not performed well? What are examples of poor governance?
5 minutes	4. Group work	Facilitated discussion on what participants would like to learn during the training.
5 minutes	5. Baseline governance	Using the Governance Knowledge

Time	Activity	Focus
	knowledge assessment	Assessment Instrument (provided in session 12 of this handbook), participants assess their governance knowledge before the workshop.

Session outputs

1. Participants and the facilitator get to know each other.
2. Training needs of the participants clarified.
3. Clear understanding of the expectations of the participants from the workshop.
4. Explicit understanding of the value of good governance and the risks of poor governance.
5. Baseline governance knowledge assessment of the participants.

Governance Academy Sessions

1. Accessing the Governance Resource Suite
2. Applying the Challenge Model
3. Reviewing roles and responsibilities of a governing body
4. Cultivating accountability
5. Engaging with stakeholders
6. Setting a shared strategic direction
7. Stewarding resources
8. Assessing and enhancing governance
9. Promoting competency-based governance
10. Establishing infrastructure for effective governance
11. Planning for governance enhancement
12. Evaluating the learning experience

Session 1: Accessing the Governance Resource Suite

Session Design

During this session, participants will be introduced to LMG’s Governance Resource Suite and how to access it. The Governance Resource Suite currently includes:

1. Governance Training Handbooks specifically designed for different settings (i.e., ministries of health, provincial and district health systems, hospitals, and health centers).
2. Five guides on how to apply the effective governing practices.

The suite is available at <http://www.lmgforhealth.org/expertise/governing>. The participants will be able to download and customize any of the tools and templates available in the suite.

In the future, LMG plans to further develop this suite of resource materials by adding (1) a learning lab kit, with a variety of tools, templates, and worksheets that facilitators can use to engage learners, and (2) case studies, scenarios, and tools for team and experiential learning, including selected readings and video-taped insights for those less literate.

We hope the resource suite will stimulate governing body leaders of civil society organizations, ministry of health bodies (at national, provincial, district, and community levels), public hospitals, and of family planning, HIV and AIDS, malaria and TB project-focused governing bodies to consider enhancements to the structures, style, systems, and effectiveness of their governance models and governance work.

Trainer Goals

1. Introduce the Governance Resource Suite to the participants.
2. Guide participants on how to access it and use it, when it becomes available.

Participant Goals

1. Get to know the Governance Resource Suite and what is available in the suite.
2. Get to know how to access it and use it when it becomes available
3. Express any needs for other resource materials that will facilitate learning.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	1. Learning objectives 2. Introduction of the topic 3. Introduction of the	Governance Resources Suite

Time	Activity	Focus	Relevant materials for reference
		handouts /materials/ guide 4. Presentation on the topic	
15 minutes	2. Small group work session	Each group discusses what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness.	As above
25 minutes	3. Plenary discussion	A group makes a presentation to the other groups on what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether participants have reached the learning objectives.	As above

Required Reading

1. Guide for Continuous Governance Enhancement
(Available at <http://www.lmgforhealth.org/expertise/governing>)

Background Reading

1. Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust (Available at <http://www.americangovernance.com/resources/reports/brp/2009/brp-2009.pdf>)

Session Handouts

1. Contents of the Governance Resource Suite

2. Governance Resource Suite Utilization Planning Tool

Session outputs

1. Presentations by the groups on what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness.
2. Facilitator's notes on his or her assessment of the groups and whether the participants have achieved the learning objectives.

Contents of the Governance Resource Suite

<p>Five guides:</p> <ol style="list-style-type: none"> 1. Guide for Cultivating Accountability 2. Guide for Engaging Stakeholders 3. Guide for Setting a Shared Strategic Direction 4. Guide for Stewarding Resources 5. Guide for Continuous Governance Enhancement
<p>Facilitator Handbooks:</p> <p>Training handbooks facilitate the delivery of the contents of these guides to the leaders or the governing bodies who govern the ministries of health, public hospitals, provincial and district health systems, and health centers.</p>
<p>Reference Library (To be customized to the learning needs of the participants)</p> <p>Governing Practices:</p> <ol style="list-style-type: none"> 1. MSH eManager issue on “How to Govern Health Sector and Its Institutions Effectively” (available at http://www.lmgforhealth.org/expertise/governing) 2. Chapter 3 of MSH’s <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> 3. Targeted literature review on governance (available at http://www.lmgforhealth.org/expertise/governing) 4. Synthesis of the findings of the LMG survey and interviews on governing practices (available at http://www.lmgforhealth.org/expertise/governing) 5. Five strategies to govern decentralized health systems <p>Evidence of impact on governance*:</p> <ol style="list-style-type: none"> 1. Björkman and Svensson, 2009 2. Olafsdottir et al., 2011 3. Rajkumar and Swaroop, 2008 4. Maureen Lewis, 2006 5. Results of the LMG’s Pilot Study in 3 Provinces and 11 Districts of Afghanistan <p>Governance frameworks**:</p> <ol style="list-style-type: none"> 1. Governance for Health in 21st Century (WHO European Region) 2. Veillard et al. (Stewardship in health) 3. Siddiqi et al. 4. Mikkelsen-Lopez et al. (Governance from a health systems perspective) 5. Brinkerhoff and Bossert 6. IPPF Code of Good Governance 7. NHS Code and Guide for Good Governance <p>Gender in Governance:</p> <ol style="list-style-type: none"> 1. Gender in leadership, management, and governance 2. UN Publications on Gender in Governance <p>Governance of Medicines***:</p> <ol style="list-style-type: none"> 1. WHO Model GGM Framework 2012 2. WHO Medicines Transparency Assessment Instrument 3. Pharmaceutical Governance (Strengthening Pharmaceutical Systems)
<p>Learning Toolkit with a variety of tools, worksheets and templates:</p> <p>Sample Charter</p> <p>Ideal Competency Profile</p> <p>Role and Responsibilities of Chairperson of Governing Body</p> <p>Roles and Responsibilities of Chairpersons of Key Committees on Planning, Finance, Quality and</p>

Governance Enhancement
Roles and Responsibilities of Members
Sample Meeting Agendas
Sample Calendar of Meetings
Sample Self-Assessments
Sample Meeting Book
Tools on Stakeholder Engagement
Tools to Help Set the Strategic Direction

* Björkman M, Svensson J. 2009. Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda. *The Quarterly Journal of Economics*, **124**(2), pp. 735-769.

*Olafsdottir A, Reidpath D, Pokhrel S, Allotey P. 2011. Health systems performance in sub-Saharan Africa: governance, outcome and equity. *BMC Public Health*, **11**(1), pp. 237.

*Rajkumar AS, Swaroop V. 2008. Public spending and outcomes: Does governance matter? *Journal of Development Economics*, **86**(1), pp. 96-111.

** Veillard JHM, Brown AD, Bariş E, Permanand G, Klazinga NS. 2011. Health system stewardship of National Health Ministries in the WHO European region: Concepts, functions and assessment framework. *Health Policy*, **103**(2–3), pp. 191-199.

Siddiqi S, Masud TI, Nishtar S et al. 2009. Framework for assessing governance of the health system in developing countries: Gateway to good governance. *Health Policy*, **90(1), pp. 13-25.

Mikkelsen-Lopez I, Wyss K, De Savigny D. 2011. An approach to addressing governance from a health system framework perspective. *BMC International Health and Human Rights*, **11(1), pp. 13.

**Brinkerhoff DW, Bossert TJ. 2008. *Health Governance: Concepts, Experience and Programming Options*. Submitted to the U.S. Agency for International Development. Washington, DC: Health Systems 20/20.

*** Anello E. 2008. Elements of a framework for good governance in the public pharmaceutical sector. In: *A framework for good governance in the pharmaceutical sector. GGM model framework. Working draft for field testing and revision*. Geneva: World Health Organization Department of Essential Medicines and Pharmaceutical Policies, pp. 19-30. Online at: <http://www.who.int/medicines/areas/policy/goodgovernance/GGMframework09.pdf>, accessed 13 June 2012.

***Strengthening Pharmaceutical Systems (SPS). 2011. Pharmaceuticals and the Public Interest: The Importance of Good Governance. Submitted to the U.S. Agency for International Development by the SPS Program. Arlington, VA: Management Sciences for Health, pp. 7-16.

Governance Resource Suite Utilization Planning Tool

	Usefulness rating					How the participants intend to use the resource
	1	2	3	4	5	
Governance Training Handbooks						
For MOH Governance Leaders and Governing Bodies						
For Provincial Health System Leaders and Governing Bodies						
For District Health System Leaders and Governing Bodies						
For Hospital Governing Bodies						
For Health Center Governing Bodies						
Governance Guides						
On Cultivating Accountability						
On Engaging Stakeholders						
On Setting a Shared Strategic Direction						
On Stewarding Resources						
On Continuous Governance Enhancement						
Case studies and scenarios for team and experiential learning (to be developed)						
Reference Library that is continuously updated on trends and evidence of the value of effective governance						
Learning Toolkit with a variety of tools, worksheets, and templates that facilitators can use to engage learners, and participants can use in their governance work (to be developed)						
Sample Charter						
Ideal Competency Profile						
Role and Responsibilities of Chairperson of Governing Body						
Roles and Responsibilities of Chairpersons of Key Committees on Planning, Finance, Quality and Governance Enhancement						
Roles and Responsibilities of Members						
Sample Meeting Agendas						
Sample Calendar of Meetings						
Sample Self-Assessments						
Sample Meeting Book						
Tools on Stakeholder Engagement						
Tools to help Set The Strategic Direction						
Other Tools						

	Usefulness rating					How the participants intend to use the resource
Contact details of language and culture-sensitive mentors available to help mentor the participants						
Any other tools, worksheets, or templates that you suggest will be useful						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Session 2: Applying the Challenge Model

Good governance creates the conditions within which health managers are more likely to strengthen their health systems and organizational performance and therefore health providers and health workers are more likely to provide better health services and achieve greater health outcomes.

Session Design

During this session, participants will be introduced to definitions for governance and good governance, and the five practices of governance (cultivating accountability, engaging with stakeholders, setting a shared strategic direction, stewarding resources, and assessing and improving governance). They will outline their vision of good governance in light of their own organization's mission. They will then apply the Challenge Model to governance in their own setting. Based on their experience, they will assess their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenge, identify two to three strategic measures of organizational performance that their governing body wants to influence, and key priority actions they will undertake to overcome the obstacles.

Participants will increase their understanding of what frustrates and what facilitates good governance in their setting and also how to overcome the obstacles that come in the way of their governing well. They will be able to articulate their governance capacity building needs.

Trainer Goals

1. Help participants discuss, define and describe governance and good governance.
2. Introduce the five governing practices.
3. Help participants apply the Challenge Model to governance in their own setting, discuss their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenge, identify two to three strategic measures of organizational performance that their governing body wants to influence through the use of good governance, and pinpoint key priority actions they will take to overcome the obstacles.

Participant Goals

1. Discuss, define, and describe governance and good governance.
2. Discuss what is working, what is not working in your governance, and what could be done to improve it.
3. Apply the Challenge Model to governance in your own setting, discuss your current governance situation, identify obstacles and root causes that come in the way of your governing well, define your key governance challenge, identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance, and pinpoint key priority actions you will take to overcome the obstacles.

4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	<ul style="list-style-type: none"> ▶ Pages 1-4 of the eManager on “How to Govern Health Sector and Its Institutions Effectively” ▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> ▶ Challenge Model contained in the Guide for Setting a Shared Strategic Direction
20 minutes	2. Small group work session	<p>Prior to the Governance Academy, each group has applied the Challenge Model to governance in their own setting, discussed their current governance situation, identified obstacles and root causes that come in the way of their governing well, defined their key governance challenge, identified two to three strategic measures of organizational performance that their governing body wants to influence, and identified key priority actions they will take to overcome the obstacles. The groups recap the results of this exercise and prepare their group presentation.</p>	As above

Time	Activity	Focus	Relevant materials for reference
20 minutes	3. Plenary discussion	A group makes a presentation to the other group on their current governance situation, obstacles and root causes of less than the best possible governance of their organization, their key governance challenge, two to three strategic measures of organizational performance that their governing body wants to influence, and key priority actions they will take to overcome the obstacles. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether participants have achieved the learning objectives.	As above

Required Reading

1. Challenge Model contained in the Guide for Setting a Shared Strategic Direction
2. Pages 1-4 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Background Reading

1. Governance Chapter of *Health Systems in Action: An eHandbook for Leaders and Managers*

Session Handouts

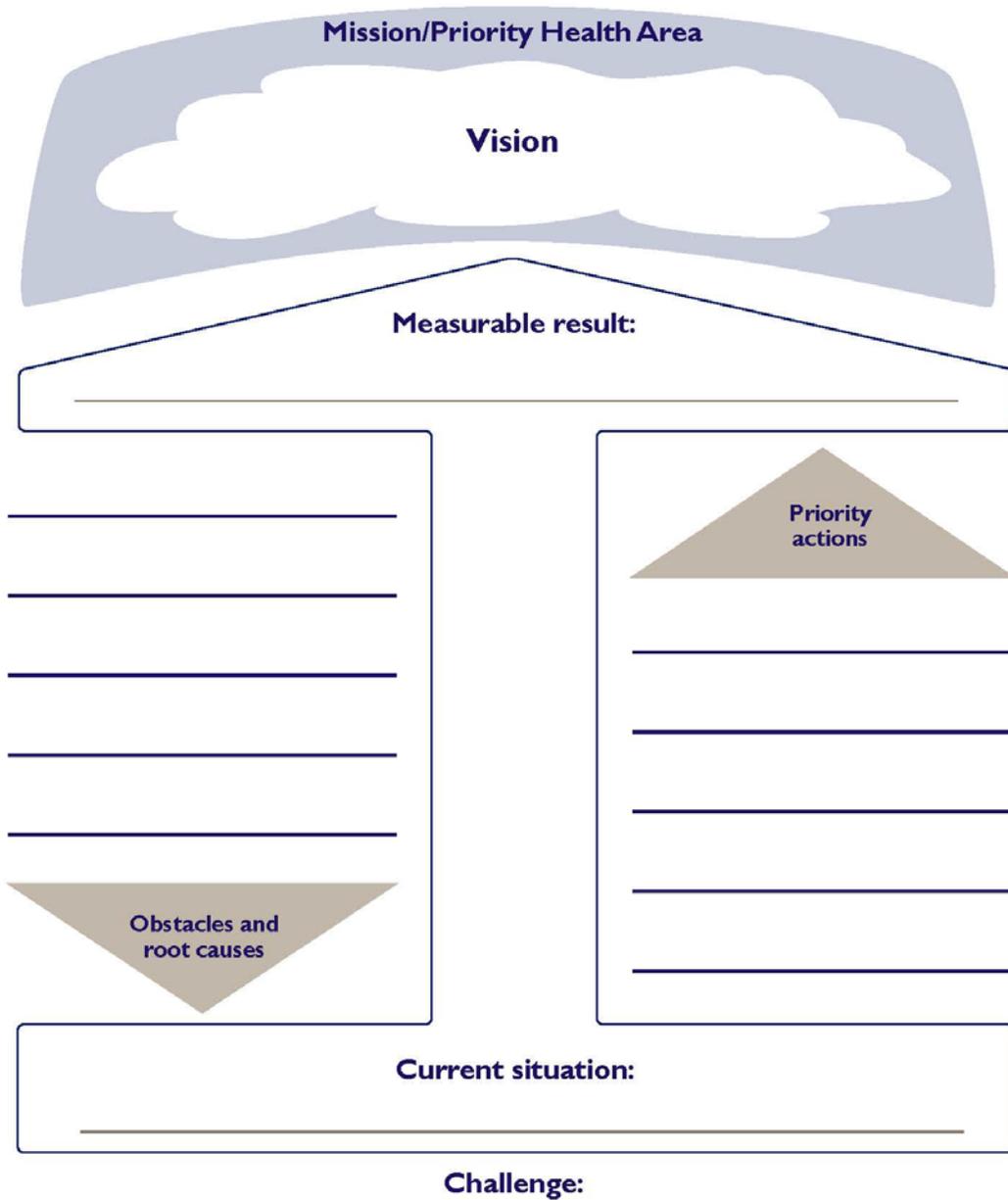
1. Relevant sections of the eManager
2. Section on the Challenge Model contained in the Guide for Setting a Shared Strategic Direction
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their governance challenges and key priority actions.
2. Facilitator's notes on his or her assessment of the groups and whether the participants have achieved the learning objectives.

Applying Challenge Model to Governance Challenges

Challenge Model



(How will we achieve our desired result in light of the obstacles we need to overcome?)



Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric / rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 3: Reviewing roles and responsibilities of a governing body

Session Design

The participants will remember the five responsibilities of the governing body that were mentioned in their invitation letter.

1. Bring needs of beneficiaries in to the plans and work of the organization.
2. Advocate for the needs of the organization to resource stakeholders.
3. Support management to develop service quality.
4. Support management to develop the economic vitality of the organization.
5. Help management to protect and achieve the mission of the organization.

During this session, participants will be introduced to the expanded set of twelve key governing body responsibilities.

1. Determine the organization's mission and purpose
2. Select the executive director
3. Support the executive and evaluate the executive director's performance
4. Set a strategic direction and ensure effective organizational planning
5. Ensure adequate resources and sustainability of the services the organization provides
6. Manage resources effectively and provide financial oversight
7. Strengthen and oversee the organization's programs and services
8. Enhance the organization's public image
9. Nurture relationships with the communities and stakeholders
10. Establish a culture of openness and transparency, accountability, ethical and moral integrity, inclusiveness and participation, responsiveness, and patient safety in the organization
11. Establish a culture of measuring and reporting performance, and pursuit of efficiency and sustainability in the organization
12. Assess and enhance its own performance

Participants will refer to their own roles and responsibilities and discuss how they compare with these twelve roles and responsibilities. Participants will increase their understanding of the basic governance roles and responsibilities of a governing body.

Trainer Goals

1. Introduce twelve key roles and responsibilities of a governing body to the participants.
2. Help participants compare their own roles and responsibilities with these twelve roles and responsibilities.
3. Help participants identify, discuss, describe, and internalize key governance responsibilities.

Participant Goals

1. Get to know twelve key roles and responsibilities of a governing body.

2. Compare your own roles and responsibilities with these twelve roles and responsibilities.
3. Identify, discuss, describe, and internalize key governance responsibilities.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	<ul style="list-style-type: none"> ▶ BoardSource: Ten Basic Responsibilities of Nonprofit Boards ▶ BoardSource: Board Fundamentals - Understanding Roles in Nonprofit Governance ▶ Terms of Reference (ToR) or roles and responsibilities of the governing bodies of which participants are the members
20 minutes	2. Small group work session	Each group refers to its own responsibilities and discusses how they compare with the twelve basic responsibilities. Each group also discusses the roles and responsibilities that are not expressly mentioned in their ToR but need to be fulfilled to achieve the organization's mission, keeping in view the list of twelve basic responsibilities.	As above
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their current roles and responsibilities and those that are not expressly mentioned in their ToR but need to be fulfilled to achieve the organization's mission. Questions	As above

Time	Activity	Focus	Relevant materials for reference
		and answers follow. The other groups go through the same sequence of activities.	
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether participants have achieved the learning objectives.	As above

Required Reading

1. BoardSource: Ten Basic Responsibilities of Nonprofit Boards

Background Reading

1. BoardSource: Board Fundamentals - Understanding Roles in Nonprofit Governance

Session Handouts

1. Roles and responsibilities of the governing bodies where participants are the members (Note: The participants should bring along a copy of their governing role and responsibilities.)
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their key governance roles and responsibilities.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 4: Cultivating accountability

Session Design

During this session, participants will discuss, define, and describe the first effective governing practice, i.e., cultivating accountability. Based on their experience and from their review of the Guide for Cultivating Accountability, they will recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how best to cultivate accountability, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the first effective governing practice, i.e., cultivating accountability, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to cultivate accountability in their provincial health office and health system.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to cultivate accountability, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Explanation of why this practice is important to good governance	<ul style="list-style-type: none">▶ Pages 1-7 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for</i>

Time	Activity	Focus	Relevant materials for reference
			<i>Leaders and Managers</i> ► Guide for Cultivating Accountability
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the first effective governing practice, i.e., cultivating accountability, and its enablers and foundational principles. Participants also discuss benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will cultivate accountability in their provincial health office and health system, i.e., what specific actions should be taken by them as the provincial health system governing body and provincial health system management. Participants also discuss what actions and behaviors they should avoid.	Participants should have the <i>Guide for Cultivating Accountability</i> handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also the pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other group on what specific actions they will take as a provincial health system governing body and as senior management to cultivate accountability in their provincial health office and health system. Questions and answers and discussion follow. The other	As above

Time	Activity	Focus	Relevant materials for reference
		groups go through the same sequence of activities.	
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is cultivating accountability? 2. What are its enablers and foundational principles? 3. What will you do to cultivate accountability? 	As above

Required Reading

1. Guide for cultivating accountability
(Available at <http://www.lmgforhealth.org/expertise/governing>)

Background Reading

1. Pages 1-7 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Session Handouts

1. Pages 1-7 in the eManager
2. Guide for Cultivating Accountability
3. Simplified performance self-assessment form for a governing body or staff member on how he or she is performing on cultivating accountability
4. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to cultivate accountability.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a governing body or staff member on how he or she is performing on cultivating accountability

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are cultivating personal accountability, which is a first step in improving internal and external accountability of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on openness, transparency, and accountability. You should periodically measure your practice of cultivating personal accountability.

Please read the following measurement scale and circle the number that you think best expresses your attitudes and behavior. Please circle only one number per statement.

1. I demonstrate consistency in my public and private behavior.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2. I openly listen when people offer perspectives that are different from my own.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

3. I explain the reasons for my decisions, for example, I explain to stakeholders why a particular action was or was not taken.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

4. I interact openly and candidly with stakeholders and I answer questions from stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

5. I make records accessible to stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

6. I demonstrate a sense of obligation to stakeholders when making decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

7. I avoid blaming others for mistakes, and I openly admit my mistakes to stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

8. I am willing to face the truth, even when it goes against me or what I think.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

9. I accept responsibility for the future direction and accomplishments of my provincial health office and health system.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

10. I accept ownership for the results of my decisions and actions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

11. I look at myself first when my provincial health system's results are disappointing.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

12. I welcome constructive feedback of my actions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Scoring

- ❖ The maximum score that can be earned is 120.
- ❖ Score of 108 and above: indicates outstanding open, transparent, and accountable attitude and behaviors.
- ❖ Score of 61-107: indicates that you meet most requirements.
- ❖ Score of 24-60: indicates that you need to improve.
- ❖ Score below 24: indicates unsatisfactory openness, transparency, and accountability.

The participants should try to adopt open, transparent, and accountable behaviors and use this instrument every quarter or every six months to test whether they are improving their personal accountability scores.

Session 5: Engaging stakeholders

Session Design

During this session, participants will discuss, define, and describe the second effective governing practice, i.e., engaging stakeholders. Based on their experience and their review of the eManager and the Guide for Engaging Stakeholders, they will be able to recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how best to engage with stakeholders in order to collaborate and coordinate with them, i.e., what specific actions should be taken to put this practice into operation. They will also increase their understanding of how to assess themselves in respect of this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the second effective governing practice, i.e., engaging stakeholders, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to engage with stakeholders and coordinate and collaborate with them.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to engage with stakeholders of your provincial health office and health system and coordinate and collaborate with them, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Explanation of why this practice is important to good governance. 	<ul style="list-style-type: none"> ▶ Pages 7-12 of the eManager on “How to Govern Health Sector and Its Institutions Effectively” ▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> ▶ Guide for Engaging Stakeholders ▶ Pages 195-197 of the MSH publication, <i>Managers Who Lead: A Handbook for Improving Health Services</i> on strategies for successful stakeholder engagement
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the second effective governing practice, i.e., engaging with stakeholders, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies who are the stakeholders of their provincial health office and health system and actions and behaviors they	Participants should have the Guide for Engaging Stakeholders handy for reference during

Time	Activity	Focus	Relevant materials for reference
		will adopt to engage with them, i.e., what specific actions they will take as a provincial health system governing body and senior management to coordinate and collaborate with them. Participants also discuss what actions and behaviors they should avoid.	the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions should be taken by them as a provincial health system governing body and senior management to engage with stakeholders of the provincial health system. Questions and answers and discussion follow. The other groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is engaging with stakeholders? 2. What are its enablers and foundational principles? 3. What will you do to engage with stakeholders? 	As above

Required Reading

1. Guide for Engaging Stakeholders
(Available at <http://www.imgforhealth.org/expertise/governing>)

Background Reading

1. Pages 7-12 of the eManager on “How to Govern Health Sector and Its Institutions Effectively”

Session Handouts

1. Pages 7-12 in the eManager
2. Guide for Engaging Stakeholders
3. Relevant sections (Chapters 1 and 2, and pages 195-197) of the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services* on strategies for successful stakeholder engagement
4. Simplified performance self-assessment form for a provincial health system governing body member or a provincial health office staff member on how he or she is performing on engaging with stakeholders
5. Facilitator’s Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to engage with stakeholders.
2. Facilitator’s notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a provincial health system governing body member or a provincial health office staff member on how he or she is performing on engaging with stakeholders

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are engaging with stakeholders of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on stakeholder engagement. You should periodically measure your practice of stakeholder engagement.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Effective governing action	Performance
1.	I include those who are affected by my decision or their representatives in my decision-making process.	
2.	I consider the concerns of the poor and vulnerable people when making a decision.	
3.	I collaborate with people from sectors outside health to achieve better health outcomes for the people I serve.	
4.	I collaborate with private sector organizations to achieve better health outcomes for the people I serve.	
5.	I collaborate with civil society organizations and nongovernment organizations to achieve better health outcomes for the people.	
6.	I collaborate with different levels of decision-making structures—national, provincial, district and community—to achieve better health outcomes for the people.	
7.	I encourage the sharing of ideas to achieve better health outcomes for the people.	
8.	I ensure participation of key stakeholders in decision making.	
9.	I give youth or their representatives a place in formal decision-making structures.	
10.	I give women or their representatives a place in formal decision-making structures.	
11.	I consider the different needs of men and women before making my decisions.	

#	Effective governing action	Performance
12.	The decisions I make on average are responsive to different needs of men and women.	
13.	I consider the implications of a decision on women as users of health services before I make the decision.	
14.	I consider the implications of a decision on women health workers before I make the decision.	
15.	I consult women in senior management and governance positions and women health workers before making a decision.	
16.	I consider gender-disaggregated evidence before making a decision.	
17.	My decisions do not adversely affect women or their health.	
18.	My decisions give autonomy to women to make a decision concerning themselves, their health, or their fertility.	
19.	My decisions on average reduce gender inequalities.	
20.	My decisions on average are fair to women and promote gender equity.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding stakeholder engagement attitude and behaviors.
- ❖ Score of 31-53: indicates you meet most requirements.
- ❖ Score of 12-30: indicates you need to improve.
- ❖ Score below 12: indicates unsatisfactory stakeholder engagement attitude and behaviors.

The participants should try to adopt stakeholder engagement behaviors and use this instrument every quarter or every six months to test whether they are improving their personal stakeholder engagement scores.

Session 6: Setting a shared strategic direction

Session Design

During this session, participants will discuss, define, and describe the third effective governing practice, i.e., setting a shared strategic direction. Based on their experience, and from their review of the eManager and the Guide for Setting a Shared Strategic Direction, they will be able to recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how to set a shared strategic direction, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will also increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the third effective governing practice, i.e., setting a shared strategic direction, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to set a shared strategic direction.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to set a shared strategic direction for your hospital, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Explanation of why this practice is important to good governance.	<ul style="list-style-type: none">▶ Pages 13-14 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for</i>

Time	Activity	Focus	Relevant materials for reference
			<i>Leaders and Managers</i> ► Guide for Setting a Shared Strategic Direction
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the third effective governing practice, i.e., setting a shared strategic direction, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will set a shared strategic direction in their provincial health office and health system, i.e., what specific actions should be taken by them as a provincial health system governing body and provincial health office staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Setting a Strategic Direction handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions they will take as a provincial health system governing body and provincial health office staff to set a shared strategic direction in their provincial health system. Questions and answers and discussion follow. The other	As above

Time	Activity	Focus	Relevant materials for reference
		groups go through the same sequence of activities.	
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is setting a shared strategic direction? 2. What are its enablers and foundational principles? 3. What will you do to set a shared strategic direction? 	As above

Required Reading

1. Guide for Setting a Shared Strategic Direction
(Available at <http://www.imgforhealth.org/expertise/governing>)

Background Reading

2. Pages 13-14 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Session Handouts

1. Pages 13-14 in the eManager
2. Guide for Setting a Shared Strategic Direction
3. Relevant sections (Chapters 1, 2 and 3) of the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services*
4. Simplified performance self-assessment form for a provincial health system governing body member or a provincial health office staff member on how he or she is performing on setting a shared strategic direction
5. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to set a shared strategic direction.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a provincial health system governing body member or a provincial health office staff member on how he or she is performing on setting a shared strategic direction

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are setting a shared strategic direction for the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on strategic direction setting. You should periodically measure your practice of setting a shared strategic direction.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Effective governing action	Performance
1.	I scan the internal and external environment for strengths, weaknesses, opportunities, and threats to the health of the people I serve.	
2.	I focus my work and the work of my governing body on achieving better health outcomes for people I serve.	
3.	I mobilize human, material and financial resources and align them to achieve better health outcomes for people I serve.	
4.	I inspire my governing body to work for better health outcomes for people I serve.	
5.	I have contributed in developing a mission and purpose statement for my governing body, working with other members.	
6.	To determine the future strategic direction, I have contributed in developing the vision of my governing body.	
7.	I have considered the people’s needs and concerns in defining this vision or strategic direction.	
8.	I have contributed in documenting and widely disseminating this collective vision.	
9.	I have contributed in developing an action plan with measurable goals for realizing this vision.	
10.	I have contributed in setting up accountability mechanism for achieving the goals in order to reach this vision or strategic direction.	

#	Effective governing action	Performance
11.	I motivate my governing body colleagues to work to achieve our collective vision.	
12.	I motivate other stakeholders to work to achieve the collective vision.	
13.	I advocate for our collective vision at different levels of governance, in sectors outside of health, and in other venues.	
14.	I observe, check, and keep a continuous record of what is going on in terms of implementation of the action plan for realizing the collective vision.	
15.	I contributed in monitoring and reflecting on progress against the action plan.	
16.	I provide feedback to my stakeholders on progress made in the implementation of this action plan.	
17.	I involve stakeholders in the measurement of results.	
18.	I, working with my governing body members, assess the results, what worked and what went wrong, and identify changes needed to be made.	
19.	I use information and evidence while doing much of what is stated above.	
20.	I use modern technology to facilitate much of what is stated above.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding strategic direction setting behaviors.
- ❖ Score of 31-53: indicates that you meet most requirements.
- ❖ Score of 12-30: indicates that you need to improve.
- ❖ Score below 12: indicates unsatisfactory strategic direction setting behaviors.

The participants should try to adopt strategic direction setting behaviors and use this instrument every quarter or every six months to test whether they are improving their strategic direction setting scores.

Session 7: Stewarding resources

Session Design

During this session, participants will discuss, define, and describe the fourth effective governing practice, i.e., stewarding resources. Based on their experience, and their review of the eManager and the Guide for Stewarding Resources, they will recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how to steward resources, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will also increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the fourth effective governing practice, i.e., stewarding resources, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to steward resources.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to steward resources in your provincial health office and health system, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Explanation of why this practice is important to good governance.	<ul style="list-style-type: none">▶ Pages 15-21 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i>

Time	Activity	Focus	Relevant materials for reference
			► Guide for Stewarding Resources
10 minutes	2. Individual self-assessment	Each participant reviews and completes self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the fourth effective governing practice, i.e., stewarding resources, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will steward resources in their provincial health office and health system, i.e., what specific actions they should take as a provincial health system governing body and provincial health office staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Stewarding Resources handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions they will take as the provincial health system governing body and the provincial health office staff to steward resources in their provincial health office and health system. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	As above
5	6. Facilitator's	Facilitator makes his or her	As above

Time	Activity	Focus	Relevant materials for reference
minutes	assessment at the conclusion	assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is stewarding resources? 2. What are its enablers and foundational principles? 3. What will you do to steward resources? 	

Required Reading

1. Guide for Stewarding Resources
(Available at <http://www.lmgforhealth.org/expertise/governing>)

Background Reading

1. Pages 15-21 of the eManager on “How to Govern Health Sector and Its Institutions Effectively”

Session Handouts

1. Pages 15-21 in the eManager
2. Guide for Stewarding Resources
3. Simplified performance self-assessment form for a provincial health system governing body member or a provincial health office staff member on how he or she is performing on stewarding resources
4. Facilitator’s Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to steward resources.
2. Facilitator’s notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a provincial health system governing body member or a provincial health office staff member on how he or she is performing on stewarding resources

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are stewarding the resources of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on resource stewardship. You should periodically measure your practice of stewardship.

Please read the following measurement scale and circle the number that you think best expresses your attitudes and behavior. Please circle only one number per question.

1. I make sure that my actions are always ethical.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2. I can be trusted to serve the interests of the public rather than my own personal interests.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

3. I do what I say.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

4. I can be believed and relied upon to keep my word.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

5. I allow people affected by my decisions to exercise influence on these decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

6. I am willing to reconsider my decisions on the basis of recommendations by those who are affected by my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

7. I allow others to participate in decision making.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

8. I use my time well.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

9. I use others' time well.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

10. I try to produce a specific result effectively with a minimum of waste.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

11. I try to produce results or create systems that will endure and be sustained in the future.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

12. I periodically measure my own performance.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

13. I periodically measure the performance of my governing body.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

14. I use data and information to arrive at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

15. I use evidence to arrive at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

16. I use technology to facilitate at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Scoring

❖ The maximum score that can be earned is 160.

- ❖ Score of 144 and above: indicates outstanding stewardship attitude and behaviors.
- ❖ Score of 81-143: indicates that you meet most requirements.
- ❖ Score of 32-80: indicates that you need to improve.
- ❖ Score below 32: indicates unsatisfactory stewardship attitude and behaviors.

The participants should try to adopt stewardship behaviors and use this instrument every quarter or every six months to test whether they are improving their stewardship scores.

Session 8: Assessing and enhancing governance

Governance needs to be dynamic because the context for the organization is dynamic. A good governing body develops an intentional and purposeful design for its structure and decision-making processes. Effective governing bodies continuously challenge themselves to assess their work and continuously improve their structures, systems, processes, style, and competencies.

Session Design

During this session, participants will discuss the fifth and final effective governing practice, i.e., assessing and enhancing governance. Based on their experience, and their review of the Guide for Continuous governance Enhancement, they will be able to recall the principles and techniques of this governing practice. Participants will get an opportunity to brainstorm and clarify how to assess and enhance governance, i.e., what specific actions should be taken to put this practice into operation in their own setting. Sample governance assessment tools are provided.

Trainer Goals

1. Help participants discuss and describe the final effective governing practice—the value of assessing and enhancing governance in a manner that encourages continuous governance process improvement.
2. Help participants brainstorm and clarify how best to assess and enhance governance.
3. Increase participants' understanding of the various governance assessments and self-assessment tools and processes.

Participant Goals

1. Describe this effective governing practice.
2. Recall and discuss the foundational principles of this practice.
3. Understand the benefits of good self-assessments, and the risks of poor or infrequent self-assessments.
4. Brainstorm and clarify how to periodically assess and continuously enhance governance of your provincial health office and health system, i.e., what specific actions should be taken to put it into practice?
5. Review a collective self-assessment of this practice.
6. Review various governance assessments and self-assessment tools and processes.
7. Brainstorm and adapt governance assessments your governing body will use in your provincial health office and health system.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Explanation of why this practice is important to good governance. 	► Guide for Continuous Governance Enhancement
10 minutes	2. Individual self-assessment	Each participant reviews and completes the simplified governance self-assessment.	As above
10 minutes	3. Small group work session	Each group discusses the fifth effective governing practice, i.e., assessing and enhancing governance, and its foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies how to assess and enhance governance in their provincial health office and health system, i.e., what specific actions they should take as the provincial health system governing body and the provincial health office staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Continuous Governance Enhancement handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions should be taken by them as a provincial health system governing body and the	As above

Time	Activity	Focus	Relevant materials for reference
		provincial health office staff to assess and enhance governance in their provincial health office and health system. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is meant by assessing and continuously improving governance? 2. What are foundational principles of this governing practice? 3. What will you do to periodically assess and continuously improve governance in your institution? 	As above

Required Reading

1. Guide for Continuous Governance Enhancement
(Available at <http://www.lmgforhealth.org/expertise/governing>)

Session Handouts

1. Guide for Continuous Governance Enhancement
2. Different governance assessments and self-assessments
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to assess and enhance governance.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1	Whether the group a) has achieved learning objectives, and b) can answer the central questions?	40	
2	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3	Mastery of material Ability to answer questions	20	
4	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a provincial health system governing body member or a provincial health office staff member on how their governing body is assessing and enhancing governance

Instruction for facilitator: Using this instrument, the participants will assess how well their governing body is periodically assessing and continuously improving governance of the organization. This short form allows the participants to think about and assess the degree to which their governing body is applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on continuous governance enhancement. You should periodically measure your practice of continuous governance enhancement.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Action	Performance
1.	Specific governing competencies are identified and documented for our governing body members and senior managers.	
2.	We have a diversity statement for our governing body and management to follow.	
3.	Our organization is committed to achieving diversity in governance and management leadership.	
4.	Our organization has a formal program for ongoing education of governing body members.	
5.	Our governing body uses competency-based criteria when selecting new members.	
6.	New governing body members receive a thorough orientation before they join the governing body.	
7.	Our governing body does periodic assessments of its performance.	
8.	Our governing body uses the results from the self-assessment process to establish its performance improvement goals.	
9.	Our governing body assesses performance of the chief executive on a regular basis.	
10.	Our governing body meetings are productive.	
11.	Time and talent of our governing body members are effectively used.	
12.	Our governing body holds a retreat once a year to reflect on its past performance and plan for improvements in future performance.	
13.	Our governing body has bylaws and governance policies.	

#	Action	Performance
14.	We have a conflict of interest policy for the governing body and the staff.	
15.	We have a code of ethics and conduct for the governing body and the staff.	
16.	We do provincial health office and health system workforce satisfaction survey on a regular basis.	
17.	We do patient satisfaction assessment on a regular basis.	
18.	Our governing body is responsive to concerns of health service users.	
19.	Our governing body is responsive to concerns of staff and health workers.	
20.	Our governing body uses information, evidence, and technology for enhancing its governance performance.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding governance enhancement behaviors.
- ❖ Score of 31-53: indicates that your governing body meets most requirements.
- ❖ Score of 12-30: indicates that your governing body needs to improve.
- ❖ Score below 12: indicates unsatisfactory governance enhancement attitude and behaviors.

The participants should try to adopt continuous governance enhancement behaviors and use this instrument every quarter or every six months to test whether they are improving their governance enhancement scores.

Health governance self-assessment tool for provincial health system governing body: Sample 1

This self-assessment tool is a sample tool for use by a governing body that oversees a provincial health office and health system, based on its roles and responsibilities.

The governing body assesses its own performance on a scale of 0 to 10, where 0 represents the worst performance and 10 represents the best performance on a given responsibility of the governing body. Opportunities are external factors in the environment that may improve performance and threats are external elements in the environment that could cause trouble, whereas strengths and weaknesses are internal to the governing body.

#	Governance Responsibility	Internal		External		Performance on a scale of 0 to 10
		Strengths	Weaknesses	Opportunities	Threats	
1.	Establish a culture of openness and transparency, accountability, ethical and moral integrity, inclusiveness and participation, responsiveness, and patient safety in the organization.					
2.	Establish a culture of measuring and reporting performance, and pursuit of efficiency and sustainability in the organization.					
3.	Setting strategic direction for three to five years and strategic planning based on the strategic direction.					
4.	Determine the organization's mission and purpose.					
5.	Support the achievement of health outcomes, responsiveness and patient satisfaction, and patient safety.					
6.	Nurture relationships with the communities and the people served.					
7.	Stewardship of scarce resources a. Ethical and the best use of available resources for the achievement of health outcomes for the people served.					
	b. Providing vision and direction for the provincial health office and health system.					
	c. Exerting influence across different sectors for achieving the best health outcomes for the population in the catchment area.					
	d. Collecting and using information and evidence on provincial health office and health system performance in order to ensure accountability and transparency.					
8.	Ensure adequate financial resources.					
9.	Provide financial oversight.					
10.	Performance monitoring and supporting high performance.					
11.	Strengthen and oversee the organization's					

#	Governance Responsibility	Internal		External		Performance on a scale of 0 to 10
		Strengths	Weaknesses	Opportunities	Threats	
	programs and services.					
12.	Continuous improvement of the functioning of the governing body.					
13.	Building a competent governing body.					
14.	Select the executive director.					
15.	Support the executive and evaluate the executive director's performance.					
16.	Enhance the organization's public image.					
17.	Any other responsibility the governing body fulfills.					

Scoring criteria

Maximum score that can be earned is 200.
 Score of 150 and above: outstanding governance.
 Score of 100-149: meets most requirements.
 Score of 50-99: needs improvement.
 Score below 50: unsatisfactory governance.

Health governance self-assessment tool for provincial health system governing body: Sample 2

This is another self-assessment sample for use by a provincial health system governing body, based on governance standards.

Scoring guide	
No activity	0% or absolutely no activity.
Minimal activity	Greater than zero, but no more than 25% of the activity described in the standard is met.
Moderate activity	Greater than 25%, but no more than 50% of the activity described in the standard is met.
Significant activity	Greater than 50%, but no more than 75% of the activity described in the standard is met.
Optimal activity	Greater than 75% of the activity described in the standard is met.

#	Governance Standard	0%	1-25%	26-50%	51-75%	76-100%
A.	Oversight for health situation and trend assessment					
1.	Facilitates access to appropriate resources for community health status monitoring, and mobilizes resources and support for the surveys.					
2.	Promotes broad-based participation and coordination among all entities active in collecting, analyzing, and disseminating community health status data.					
3.	Provides oversight and support for community health status monitoring efforts.					
4.	Guides improvements in the health status monitoring efforts.					
B.	Oversight of monitoring and evaluation of health services					
1.	Facilitates access to the necessary resources to conduct periodic monitoring and evaluations.					
2.	The governing body itself evaluates the health services.					
3.	Makes sure that regular supportive supervision, monitoring and evaluation of health services takes place.					
4.	Encourages all relevant stakeholders to provide input into monitoring and evaluation processes.					
5.	Reviews evaluation results and utilizes these results to improve health service performance.					
C.	Oversight for data and information management					
1.	Facilitates access to appropriate resources for data and information management.					
2.	Promotes broad-based participation and coordination among all entities active in data and information management tasks.					
3.	Reviews data and information management on a quarterly basis, and provides oversight and support for data and information management efforts.					
4.	Guides improvements in the overall data and information management.					
D.	Oversight for health service delivery					
1.	Aligns the public and nongovernment organizations and the private sector responsible for delivery of health services.					
2.	Allows community monitoring of the delivery of health services.					
3.	Facilitates community input in problem identification and problem solving.					
4.	Conducts periodic reviews of health service delivery with special attention to services for vulnerable populations.					
E.	Oversight of coordination, communication and inter-sectoral collaboration activities					
1.	Facilitates access to resources for coordination, communication, and inter-					

#	Governance Standard	0%	1-25%	26-50%	51-75%	76-100%
	sectoral collaboration activities.					
2.	Establishes and oversees the implementation of policies to support activities to inform, educate, and empower people about health issues, and reviews these activities in light of community needs.					
3.	Makes sure that all population subgroups have an opportunity to provide input on health issues and health services.					
4.	Exerts influence across sectors to protect and promote the health of the community.					
F. Supporting health service delivery						
1.	Ensures that the organization is providing quality health services through joint visits, assessment of the quality of service, and assistance in staff recruitment and training.					
2.	Encourages staff and health workers to articulate their issues in a timely manner.					
3.	Mobilizes community support for the organization.					
4.	Supports delivery of quality services to vulnerable populations.					
G. Oversight of health resource management						
1.	Establishes and oversees the implementation of policies designed to assure efficient and effective use of physical, financial, and human resources and medicines and supplies.					
2.	Establishes and oversees the implementation of policies designed to assure improvements in workforce, management, and leadership quality.					
3.	Facilitates access to resources for workforce training, leadership development, and continuing education.					
4.	Provides for the training and continuing education of the governing body.					
5.	Assists in mobilizing resources for the health system and for health services.					
H. Oversight of preventive and clinical services, environmental health services, and forensic medicine services						
1.	Oversees and supports the delivery of preventive and clinical services, environmental health services, and forensic medicine services.					
2.	Facilitates community monitoring of the delivery of these services.					
3.	Encourages community input into the delivery of these services.					
4.	Ensures transparency, accountability, and ethical and moral integrity in the provision of these services.					
I. Oversight of strategic and annual planning						
1.	Maintains and annually reviews documentation of the mission statement.					
2.	Assesses and advocates for adequate resources for planning.					
3.	Supports planning for improvement in health of the population and works to strategically align with the community.					
4.	Oversees the implementation of the strategic and annual plans.					
J. Oversight of management of health emergencies						
1.	Supports planning for emergency response and works to strategically align community resources for this purpose.					
2.	Facilitates access to appropriate resources for management of health emergencies.					
3.	Promotes broad-based participation and coordination among all entities active in the management of health emergencies.					
4.	Provides oversight and support for the management of health emergencies.					
K. Nurturing community relationships and involvement						
1.	Ascertains people's preferences, needs, problems, challenges, and issues in health service delivery.					
2.	Mobilizes community input in the planning and implementation of health services.					
3.	Mobilizes community input in monitoring, evaluation, and ensuring accountability in health service delivery.					
4.	Provides relevant feedback to its stakeholders and the communities in the catchment area.					

Session 9: Promoting competency-based governance

Session Design

During this session, participants will be introduced to key governing competencies, i.e., the capabilities, knowledge, and skills required to effectively discharge governance roles and responsibilities.

Personal capabilities	Knowledge and skills
<ol style="list-style-type: none"> 1. Accountability 2. Achievement orientation 3. Leading change 4. Collaboration 5. Community orientation 6. Impact and influence 7. Information seeking 8. Innovative thinking 9. Managing complexity 10. Organizational awareness 11. Professionalism 12. Relationship building 13. Strategic orientation 14. Talent development 15. Team leadership 	<ol style="list-style-type: none"> 1. Health care service delivery and performance 2. Health professional education, training, and practice 3. Business and finance 4. Human resources 5. Senior management experience

(Source: Center for Healthcare Governance. 2010. *Competency-Based Governance: A Foundation for Board and Organizational Effectiveness*. American Hospital Association, Health Research & Educational Trust, and Hospira. Chicago, IL.)

These core competencies constitute a mix of skills that a governing body requires its members to collectively possess . This mix of competencies is often referred to as a “competency matrix.” Ideally, an individual possesses at least one of these core competencies to be considered for appointment as a governing body member. These competencies can be developed through member training and professional development.

Effective governance by a governing body depends on the membership having an appropriate combination of competencies (skills and experience) and personal attributes (behavior and attitude) to support the organization’s mission, and ability to work together as a highly motivated team.

During this session, participants will refer to the skills profile of their own governing body and discuss how it compares with the matrix above of twenty core governance competencies. Participants will increase their understanding of the basic governing competencies needed in a governing body to govern well.

Trainer Goals

1. Introduce the twenty key governing competencies to the participants.
2. Help participants review the skills profile of their own governing body and discuss how it compares with the competency matrix of twenty core governing competencies.
3. Help participants identify, discuss, and describe key governing competencies required to govern well in their own setting.

Participant Goals

1. Get to know the twenty key competencies of a governing body.
2. Compare the skills profile of your governing body and discuss how it compares with the competency matrix of twenty core competencies.
3. Identify, discuss, and describe key governing competencies required to govern well in your own setting.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Presentation on the topic	<ul style="list-style-type: none">▶ Guide for Continuous Governance Enhancement▶ Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust
15 minutes	2. Small group work session	Each group reviews the skills profile of their own governing body and discusses how it compares with the competency matrix of twenty core competencies. The group discusses competency gaps and	As above

Time	Activity	Focus	Relevant materials for reference
		other competencies needed to govern well and fulfill the organization's mission.	
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their governing competencies, competency gaps, and other competencies needed to govern well and fulfill the organization's mission. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants have achieved the learning objectives identified above.	As above

Required Reading

1. Guide for Continuous Governance Enhancement

Background Reading

1. Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust

Session Handouts

1. Governance Competency Mapping Tool
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on key governing competencies in their governing body.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives.

Competency Mapping Tool

*Information on age, gender, race/ethnicity, and number of years on the governing body is not related to governing competency. It is included to document diversity in the governing body.

	Current Members							Prospective Members				
	1	2	3	4	5	6	7	A	B	C	D	E
Age*												
19-34												
35-60												
51-65												
Over 65												
Gender*												
Male												
Female												
Race/Ethnicity*												
Number of years on the governing body*												
Personal competencies												
Accountability												
Achievement orientation												
Leading change												
Collaboration												
Community orientation												
Impact and influence												
Information seeking												
Innovative thinking												
Managing complexity												
Organizational awareness												
Professionalism												
Relationship building												
Strategic orientation												
Talent development												
Team leadership												
Knowledge and skills												
Health care service delivery and performance												
Health professional education, training, and practice												
Business and finance												
Human resources												
Senior management experience												
Other competencies												

	Current Members							Prospective Members						

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 10: Establishing infrastructure for effective governance

Governance infrastructure consists of people who govern, governance structures (governing body, committees, etc.), governance policies, governing body meetings, governance relationships, governance information system and the technologies that support them. The table below gives examples.

Governance Infrastructure					
People	Structures	Policies	Effective meetings	Relationships	Governance technologies
Members of the governing body with governing competencies needed to fulfill the organization's mission	Governing body, its committees, advisory bodies, and task forces	e. g., oversight, ethics, and conflict of interest; clear roles and responsibilities; term limits; orientation and education of members; governing body self-assessments	<ul style="list-style-type: none"> • Calendar of themed meetings • Meeting agendas • Meeting venues 	<ul style="list-style-type: none"> • With management • With health providers and health workers • With patients and communities • With other stake-holders 	<ul style="list-style-type: none"> ■ Governing body information system ■ Governing body web portal

Session Design

During this session, participants will be introduced to twenty elements of governance infrastructure that a governing body needs for effective governance.

1. Governing body of optimum size
2. Clear roles and responsibilities of the governing body
3. Competencies of members
4. Term limits
5. Committees structure of the governing body
6. Governing body meetings
7. Calendar of themed meetings
8. Meeting agendas
9. Meeting venues
10. Chief executive officer oversight
11. Ethics and conflict of interest
12. Orientation and education of members
13. Governing body self-assessments
14. Relationship with the Ministry of Health
15. Relationship with other providers
16. Relationship with physicians
17. Relationship with advisory councils
18. Relationship with the media
19. Governing body information system
20. Governing body web portal

Participants will review their own governance infrastructure and discuss how their governance infrastructure compares with the twenty key elements listed above. Participants will increase their understanding of the basic governance infrastructure a governing body needs for effective governance.

Trainer Goals

1. Introduce the twenty key elements of infrastructure a governing body needs for effective governance.
2. Help participants compare their own governance infrastructure with these twenty elements.
3. Help participants identify, discuss, and describe the governance infrastructure elements required to govern well and the infrastructure gaps that exist in their own setting.

Participant Goals

1. Get to know the key elements of infrastructure a governing body needs for effective governance.
2. Compare your own governance infrastructure with these key elements.
3. Identify, discuss, and describe the governance infrastructure required to govern well and the infrastructure gaps that exist in your setting.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	► Guide to Good Governance for Hospital Boards by the Center for Healthcare Governance of the American Hospital Association
15 minutes	2. Small group work session	The group work is focused on practical ways to improve the infrastructure available to support enhanced governance decision making in the settings where participants govern. Each group reviews its own governance infrastructure against the twenty key elements	As above

Time	Activity	Focus	Relevant materials for reference
		of infrastructure a governing body needs for effective governance and discusses how they compare. Each group also discusses the key infrastructure gaps that come in the way of governing well and fulfilling the organization's mission. Each group recommends a series of governance infrastructure investments that have the potential to improve the effectiveness of their governing body.	
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their current governance infrastructure and key gaps. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the two groups and makes written notes as to whether participants have achieved the learning objectives identified above.	As above

Required Reading

1. Guide to Good Governance for Hospital Boards by the Center for Healthcare Governance of the American Hospital Association

Session Handouts

1. Governance Infrastructure Mapping Tool
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their key governance infrastructure and infrastructure gaps.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives identified above.

Governance Infrastructure Mapping Tool

Instructions for the participants: Answer yes/no on whether the element is critical to your organization's mission, and rate the current infrastructure available to your governing body on a scale of 1 to 5 where 1 is the lowest score and 5 is the highest score, and in the last column, note actions for the infrastructure items which you consider are feasible and useful in your situation, etc.

Element of Governance Infrastructure	Whether critical to fulfill the organization's mission	Rating of the extant infrastructure					What should be done to establish this infrastructure?
		1	2	3	4	5	
Governing body of optimum size							
Clear roles and responsibilities of the governing body							
Competencies of members							
Term limits of the members							
Committees structure of the governing body							
Governing body meetings							
Calendar of themed meetings							
Meeting agendas							
Meeting venues							
Chief Executive Officer oversight							
Ethics and conflict of interest policy and its implementation mechanism							
Orientation and education of members							
Governing body self-assessments							
Relationship with the Ministry of Health							
Relationship with other providers							
Relationship with physicians							
Relationship with advisory councils							
Relationship with the media							
Governing body information system							

Element of Governance Infrastructure	Whether critical to fulfill the	Rating of the extant infrastructure						What should be done to establish this infrastructure?
Governing body web portal								
Other governance infrastructure needed in your setting to govern well								

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 11: Governance enhancement planning

Session Design

During this session, participants will develop a “Governance Enhancement Plan” for their own governing body and an action plan to improve two to three strategic measures of their provincial health system’s performance. Based on the five guides and discussions in the earlier Governance Academy sessions, they will prepare the governance enhancement plan and action plan, and define how best to ensure their implementation and periodic refinement.

Trainer Goal

Help participants develop a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their provincial health system’s performance, and also appreciate the value of implementing these plans.

Learning Objectives

1. Brainstorm and outline a governance enhancement plan for your governing body based on the discussions during the academy.
2. Identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance.
3. Outline an action plan comprising specific and concrete action steps that the governing body will take for consistent application of the five effective governing practices over six to twelve months to influence the two to three strategic measures of organizational performance.
4. Present the governance enhancement plan and governance action plan.

By the end of Session 11, participants will have developed a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their provincial health system’s performance.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
20 minutes	1. Presentation by the facilitator	1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide	► Guide for Continuous Governance Enhancement and the other four guides

Time	Activity	Focus	Relevant materials for reference
30 minutes	2. Small group work session	Each group reviews the illustrative formats for governance enhancement planning and adapts one for their purpose and context.	As above
60 minutes	3. Small group work session	Each group brainstorms and develops a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their provincial health system's performance.	As above
10 minutes	4. Individual review	Each participant reviews the governance enhancement plan and the action plan.	As above
55 minutes	5. Plenary discussion	A group makes a presentation to the other groups on their governance enhancement plan and action plan. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether the participants have a robust and practical plan for enhancing governance and organizational performance through governance in their setting.	As above

Required Reading

1. Guide for Continuous Governance Enhancement
2. Guide for Cultivating Accountability
3. Guide for Engaging Stakeholders
4. Guide for Setting a Shared Strategic Direction
5. Guide for Stewarding Resources

6. Appendix 1 and 2 of this handbook for samples of governance development plans

Session Handouts

1. Guide for Continuous Governance Enhancement
2. Illustrative format for governance enhancement planning
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups of their governance enhancement plans and action plans.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives identified above.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 12: Evaluating the learning experience

Learning Objectives

1. Evaluate the learning experience.
2. Make suggestions for its improvement for future participants.
3. Discuss next steps the governing body will take in the coming six to twelve months.

During the concluding one-hour session, using Governance Knowledge Assessment Instrument, participants will evaluate their learning experience during the training. This instrument is administered in the introductory session to record the baseline, i.e., before the Governance Academy training begins and once again in the concluding evaluation session to record the level of governance knowledge at the end of the academy.

Pre- and Post-Governance Academy Governance Knowledge Assessment Instrument

1. I know how to enhance my personal accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

2. I know what actions governance leaders can take to enhance the accountability of the health organization to its external stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

3. I know what essential steps governance leaders should take to cultivate internal accountability in their organization/health system.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

4. I know how governance leaders can enhance accountability among health workers, health providers, and health managers and make them more accountable.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

5. I know what necessary steps governance leaders should take to make their organization become transparent and appear transparent in its decision making.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

6. I know three concrete mechanisms for establishing social accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

7. I know at least two concrete ways to use technology for supporting accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

8. I know how governing body oversight differs from micro-management.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

9. I know at least three different ways of engaging with stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

10. I know what governance leaders should do to establish trust in the inter-relationships among communities, health workers, health providers, senior management, and governance leadership.



Not at all 1 2 3 4 5 6 7 8 9 10 Fully

11. I know what steps should be taken to achieve better collaboration among the many different sectors /organizations that impact health.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

12. I know at least three different ways in which governance decision making can be made more gender-responsive.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

13. I know what actions governance leaders should take to establish a shared strategic vision among key stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

14. I know how governance leaders create a shared strategic plan.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

15. I know what governance leaders do to make implementation of their strategic plan a success.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

16. I know what governance leaders do to practice ethical and moral integrity.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

17. I know what senior management can do to increase efficiency and sustainability of the services the health service organization provides.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

18. I know how governance leaders can use information, evidence, and technology for the ethical and efficient use of resources.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

19. I know several different actions that governance leaders can take to reduce corruption in the health organization.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

20. I know several different ways in which measurement of results can be used to improve the organization's/health system's performance.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

21. I know what competencies are necessary for good governance.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

22. I know what actions governance leaders should take to build diversity in their governing body.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

23. I recognize the value of a good orientation for governing body members and their ongoing governance education.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

24. I know different ways of conducting governing body self-assessments.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

25. I know how the results of governance assessments can be used for governance enhancement.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

26. I know a process that can be used for continuous governance enhancement planning.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

27. I know what a chairperson should do to conduct effective governing body meetings.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

28. I know several governance policies at least by name.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

29. I know at least two governance technologies that governance leaders can use to make the governance process more efficient.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

30. I know what governance leaders should do to govern well.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

End-of-the-Third-Day Evaluation of Sessions

The participants will evaluate the four sessions conducted during the day using a short questionnaire. In addition to the written feedback, the facilitator will give participants an opportunity to provide oral feedback.

Sessions 9 through 12 Evaluation Form

(Participants should not hesitate to give positive feedback and should not withhold negative feedback. Feedback for the facilitators on what will be important for improving these sessions for future audiences is especially welcome.)

1. *Did the sessions 9 to 12 meet the learning objectives and did they meet your needs? Please explain.*

2. *What did you find was the most valuable part of these four sessions? What part was not of much use? Please explain why. We appreciate any other specific comments on the content of the four sessions.*

3. *Please provide specific comments on the structure of the sessions, mode of delivery of the sessions, their pace, structure of group exercises, reference and reading materials/handouts/guides /handbooks, etc.*

Appendix 1: Provincial Health System Governing Body Governance Development Plan

I—Structure of the Governing Body

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Governing Body Composition				
1.	The governing body has a formal recruitment program that emphasizes organizational needs and required competencies.				
2.	The governing body has a long-range plan to further strengthen its composition, especially people from other spheres who add skill sets and varied perspectives (knowledge-based, demographic, and geographic) that lack representation on the governing body.				
	Calendar of Meetings				
3.	The governing body has evaluated meeting frequency to determine the optimal number of meetings and meeting duration.				
4.	The governing body publishes and updates the calendar at the beginning of each year.				
5.	The governing body has a strategy review and development meeting / retreat annually.				
6.	The governing body has a calendar for committee meetings.				
7.	The governing body includes in its annual calendar at least one formal, special meeting with policy makers, and at least one special meeting with community leaders.				
	Governing Body Meeting Agendas				
8.	The governing body strives to spend 60 percent of meeting time in most meetings focused on strategic and future issues, rather than on management and committee reports.				
9.	The governing body requires one-page executive summaries by management for all information items and action proposals.				
10.	The governing body requires management summaries to spell out management’s conclusions, assessment of pros and cons, and clear recommended course of action.				
11.	Governing body meetings periodically have time set aside for member education on current issues in health policy, community concerns, organizational concerns, etc.				
	Information				
12.	The governing body requires less but higher-quality information.				
13.	The governing body insists on greater reliance on dashboard and graphic indicators.				
14.	The governing body makes use of the electronic exchange of information.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Self-Assessment				
15.	The governing body seeks to continuously improve its own performance by conducting an annual assessment of the governing body as a whole.				
16.	The governing body seeks to continuously improve its own performance by conducting an annual assessment of individual members.				
17.	The governing body commits to remain educated on priority issues and come well prepared for meetings and interactions.				
	Bard Committees				
18.	Governing body committees and task forces have specific charters and roles and responsibilities.				
19.	Committees are comprised of well-qualified members, and the governing body has considered representation from outside the governing body.				
20.	Committees have efficient operating rules.				
21.	Committees have a strategic direction.				
22.	Committees have an annual action plan.				
	Governing Body Education				
23.	The governing body has a formal program for its own orientation and ongoing education.				
24.	The governing body has an annual education plan that is reflected in the organization's budget for governing activities and support.				

II—Attributes of the Governing Body

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Structure				
25.	The governing body is large enough to offer a diversity of views, yet small enough to be efficient.				
26.	Committees and task forces have specific charters, well-qualified members, and efficient operating rules.				
27.	The governing body redesigns governance based on opportunities to produce improved outcomes.				
	Leadership Effectiveness				
28.	The governing body behaves in a professional manner.				
29.	The governing body is not reluctant to challenge strategic thinking of management.				
30.	The governing body understands the difference between management and governance, and strives to stay out of internal organizational operations and day-to-day management.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
31.	The governing body is team-oriented and comprised of team players.				
32.	The governing body uses excellent decision-making techniques.				
33.	The governing body understands health policy issues, challenges, and impacts.				
34.	Members are leaders who know how to encourage innovation and welcome organizational change.				
35.	The governing body confronts barriers to organizational transformation and innovation.				
36.	The governing body deals efficiently and effectively with unplanned change.				
37.	The governing body focuses on vision and outcomes versus programs and actions.				
38.	Governing body members are open to alternative views and challenge conventional wisdom.				
39.	Governing body members think in terms of the future and can envision various scenarios and their implications.				
	Governing Body Culture				
40.	The governing body has a shared governance vision.				
41.	The governing body has a culture that embraces change and has an orientation that embraces results.				
42.	The governing body views change as a creator of opportunities versus viewing change as a threat.				
43.	The governing body capitalizes on the knowledge, insights, and experiences of its members.				
44.	The governing body successfully adapts to a complex, fast-paced environment.				
45.	The governing body makes rapid and informed decisions.				
46.	The governing body synthesizes important information into knowledge for strategic advantage.				
	Chief Executive Evaluation				
47.	The governing body has comprehensive, clear criteria for chief executive evaluation.				
48.	The governing body and chief executive agree on scope, purpose, and how evaluation is tied to the chief executive's compensation.				
49.	The evaluation has specific performance goals related to strategic success.				
50.	The evaluation process works effectively to attract/retain quality management leadership.				
	Governing Body Membership and Selection				
51.	The governing body has a competency-based selection process that is matched to its strategic needs.				
52.	Each member has an expertise profile.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
53.	The selection process ensures diverse, well-qualified, and dedicated people.				
54.	Recruitment is based on future governing body needs (at least three years in the future).				
55.	The governing body has evaluated whether term limits do or would work well for its overall performance.				
	Governing Body Self-Assessment				
56.	The governing body conducts an annual self-assessment of the governing body as a whole.				
57.	The governing body conducts assessments of individual members, and uses the outcomes of these assessments in reappointment decisions.				
58.	The governing body uses the assessment process to identify specific governance improvement opportunities, and has included these in an annual plan for improvement.				
	Strategic Decision Making				
59.	Governing body meeting agendas match strategic issues and priorities.				
60.	The governing body devotes at least 60 percent of its time to strategic and policy issues; it generates key insights and wisdom versus simply gathering information.				
61.	Governing body discussion is future-oriented.				
62.	Management provides the governing body with well thought-out options and alternatives.				
63.	The governing body provides strategic guidance to management.				
64.	The governing body continually scans the environment for meaningful change that is critical to the organization.				
65.	The governing body anticipates health service user needs rather than reacts to them.				
66.	The governing body strategically invests in new core competencies.				
67.	The governing body can rapidly modify strategic direction as circumstances change.				
	Stakeholder Relationships				
68.	The governing body understands key stakeholders' perceptions.				
69.	The governing body develops responses to community needs.				
70.	The governing body has clearly defined the organization's values, and has committed to exceeding expectations and enhancing stakeholder satisfaction.				
71.	The governing body knows how to build collaborative relationships.				
72.	The governing body understands and develops effective responses to the interests and needs of				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	clients.				
73.	The governing body has an active advocacy program to ensure that civic, state, and national leaders understand key issues related to the health sector.				
74.	The governing body has defined what success will look like as a result of governance and organizational change.				
	Governing Body Education and Orientation				
75.	The governing body has a written policy and budget for education and development.				
76.	New members receive a thorough orientation.				
77.	The governing body has an active ongoing education program tied to strategic challenges.				
78.	The governing body has a peer-to-peer mentoring program.				
79.	Governing body meetings typically include an education component.				
80.	The governance development process includes governance issues, education, and self-assessment				

III—Governing Body Practices

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Governing Body Composition				
	Duty of Care				
81.	The governing body requires that new members receive education on their fiduciary duties.				
82.	The governing body regularly reviews policies that specify its major oversight responsibilities at least every two years.				
83.	The governing body reviews the financial feasibility of projects before approving them.				
84.	The governing body considers whether new projects adhere to the organization’s strategic plan before approving them.				
85.	The governing body receives important background materials at least one week in advance of meetings.				
86.	The governing body has specified minimum meeting attendance requirements in a written policy.				
87.	The governing body ensures effective committee structure by updating committee charters annually.				
88.	The governing body oversees but doesn’t “repeat” its committees’ work.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
89.	The governing body secures expert, professional advice before making major financial and/or strategic decisions.				
	Duty of Loyalty				
90.	The governing body has adopted a conflict of interest policy.				
91.	The governing body's conflict of interest policy contains specific criteria for when a member's material conflict of interest is so great that the member should no longer serve on the governing body.				
92.	Governing body members complete a conflict of interest disclosure statement annually.				
93.	The governing body assesses the adequacy of its conflict of interest statement at least every two years.				
94.	The governing body has adopted a specific code of ethics and conduct.				
95.	The governing body enforces a written policy on confidentiality that requires members to refrain from disclosing confidential governing body matters.				
96.	The governing body enforces a written policy that states that deliberate violations of conflict of interest constitute grounds for removal from the governing body.				
97.	The governing body's enforcement of the organization's conflict of interest policy is uniformly applied across all members of the governing body.				
98.	The governing body ensures that the tax filing meets the highest standards for completeness and accuracy.				
	Duty of Obedience				
99.	The governing body oversees a formal assessment at least every two years to ensure fulfillment of the organization's mission.				
100.	The governing body ensures that the organization's written mission statement correctly articulates its fundamental purpose.				
101.	The governing body rejects proposals that put the organization's mission at risk.				
102.	The governing body has approved a "code of conduct" policies/ procedures document that provides ethical requirements for governing body members, employees, and consultants.				
103.	The governing body has approved a "whistleblower" policy that specifies the following: the manner by which the organization handles employee complaints and allows employees to report in confidence any suspected misappropriation of charitable assets.				
	Financial Oversight				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
104.	The governing body approves the organization's capital and financial plans.				
105.	The governing body reviews information at least quarterly on the organization's financial performance against plans.				
106.	The governing body demands corrective actions in response to under-performance on capital and financial plans.				
107.	The governing body requires that the organization's strategic and financial plans are aligned.				
108.	The governing body monitors the organization's debt obligations and investment portfolio.				
109.	Governing body members responsible for audit oversight meet with external auditors, without management, at least annually.				
110.	The governing body has a written external audit policy that makes it responsible for approving the auditor as well as approving the process for audit oversight.				
111.	The governing body has created a separate audit committee (or another committee or subcommittee specific to audit oversight) to oversee the external and internal audit functions.				
112.	The governing body has adopted a policy that specifies that the audit committee (or other committee/subcommittee whose primary responsibility is audit oversight) must be composed entirely of independent persons.				
	Quality Oversight				
113.	The governing body reviews quality performance measures (using dashboards, balanced scorecards, or some other standard mechanism for governing body-level reporting) at least quarterly to identify needs for corrective action.				
114.	The governing body devotes a significant amount of time on its meeting agenda to quality issues/discussion at most governing body meetings.				
115.	The governing body reviews the quality of its performance by comparing its current performance to its own historical performance.				
116.	The governing body has a standing quality committee.				
117.	The governing body reviews client satisfaction/client experience scores at least annually.				
118.	The governing body participates at least annually in education regarding issues related to its responsibility for quality of work in the organization.				
119.	The governing body has adopted a policy that requires the organization to report its quality				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	performance to the general public.				
	Setting Strategic Direction				
120.	The full governing body actively participates in establishing the organization's strategic direction, such as creating a long-range vision, setting priorities, and developing/approving the strategic plan.				
121.	The governing body is engaged in ongoing education about the critical strategic issues challenging the organization.				
123.	The governing body requires that all plans in the organization (e.g., financial, capital, operational, quality improvement) be aligned with the organization's overall strategic plan/direction.				
124.	The governing body evaluates proposed new programs or services using such factors as financial feasibility, market potential, impact on quality, and so forth.				
125.	The governing body discusses the needs of all key stakeholders when setting strategic direction for the organization (i.e., clients, employees, and the community).				
126.	The governing body considers how the organization's strategic plan addresses client needs before approving the plan.				
127.	The governing body requires that major strategic projects specify both measurable criteria for success and who is responsible for implementation.				
128.	The governing body sets annual goals for its and its committees' performance that support the organization's strategic plan/direction.				
129.	The governing body spends more than half of its meeting time during most meetings discussing strategic issues as opposed to hearing reports.				
130.	The governing body has adopted policies and procedures that define how strategic plans are developed and updated (e.g., who is to be involved, time frames and the role of the governing body, management, physicians, and staff).				
131.	The governing body requires management to have an up-to-date staff development plan that identifies the organization's needs.				
132.	The governing body reviews an up-to-date client needs assessment at least every two years to understand issues among the clients served.				
	Self-Assessment and Development				
133.	The governing body engages in a formal process to evaluate its own performance at least every two years.				
134.	The governing body uses the results from the				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	process to establish its performance improvement goals.				
135.	The governing body uses a formal orientation program for new members.				
136.	The governing body ensures that governing body members receive support for ongoing member education.				
137.	The governing body assesses the organization's bylaws/structures at least every three years.				
138.	The governing body uses competency-based criteria when selecting new members.				
139.	The governing body uses a formal process to evaluate the performance of individual members.				
140.	The governing body has established performance requirements for member reappointment.				
141.	The governing body has a mentoring program for new members.				
142.	The governing body uses an explicit process of leadership succession planning to recruit, develop, and choose future governing body chair and committee chairs.				
	Management Oversight				
143.	The governing body follows a formal process for evaluating the chief executive's performance.				
144.	The governing body and chief executive mutually agree on the chief executive's written performance goals prior to the evaluation.				
145.	The governing body requires that the chief executive's compensation package is based, in part, on the chief executive performance evaluation.				
146.	The governing body convenes executive sessions periodically without the chief executive in attendance to discuss the chief executive's performance.				
	Advocacy				
147.	The governing body reviews a survey of client perceptions of the organization at least every three years.				
148.	The governing body has a written policy establishing its role in mobilizing resources.				
149.	The governing body expects individual members to engage in advocacy efforts with legislators and policymakers.				
150.	The governing body has adopted a policy regarding information transparency, explaining to the organization's clients in understandable terms its performance on measures of quality, pricing, and customer service.				

(Source: Adapted from The Governance Institute. 2010. *Elements of Governance. Governance Development Plan*. San Diego, CA.)

Appendix 2: Case study for reflection

1. Provincial Health System Strengthening Reduces Inequity in Eastern Cape

During 1997-2003, The South African Department of Health implemented a health system strengthening project (Equity Project) in Eastern Cape Province. The overall goal was to provide integrated primary health services to the citizens by rectifying the inequities in the provision of health services brought about and supported by apartheid.

A fragmented, uncoordinated, and inefficient health system that had historically placed strong emphasis on high-technology curative care, and relatively little attention to serving the majority of the population in the rural areas and the townships was restructured, strengthened and made more equitable. Strategic leadership and management, coupled with workforce development and facility modernization, allowed the project to increase health equity. A health management information system was used for program improvements. The initiative strengthened management systems and enabled the provincial government to respond more effectively to priority concerns of its population. The provincial level project was so successful that the government of South Africa began expanding it nationally.

Major health system operational restructuring was done to shift priorities toward primary health care. New health districts were established, management was decentralized, health workers were empowered, and vertical and centrally-run health programs were dismantled.

To build district health management team capacity, a district health management and leadership development program was implemented. More than 500 managers participated in some portion of training and 30 district managers received the full management and leadership diploma. Managers were trained to improve health planning, budgeting and reporting, and were supported with manuals and toolkits for performance and expenditure reviews, financial analysis, and budget formulation. The relationships between various government levels were better defined.

Information needs were assessed at all levels: facility, region, district, provincial and national. The health management information system (HMIS) was created. Managers and providers were trained in data management and community mapping. Trainees were given support manuals to ensure usability and acceptance. Primary health care indicators were reduced from more than hundred to a focused set of 25. This reduction allowed health managers and providers to focus their attention and increase efficiency. Clinic and facility catchment areas were identified and carefully mapped to account for existing inequities. Mapping permitted targeting services for effective resource use. HMIS was used for regular and routine monitoring of performance, as well as strategic problem solving.

Supervisor-facilitated on-the-job trainings were provided to 5000 health providers and managers. Integrated curriculums and checklists were developed to guide providers in primary health care management and patients' rights. Partnerships were strengthened between

universities and the Eastern Cape Province Department of Health to address the training needs. Supervisors were trained and given manuals and checklists to clarify the purpose of their duties. Supervision policies were instituted which mandated regular supervisory visits.

The management of TB and HIV/AIDS were integrated into the primary health care system. Providers, counselors, supervisors, and laboratory staff were trained and supported with toolkits and manuals as with the other interventions. Indicators for TB and HIV/AIDS were incorporated into the HMIS. Motorbike and taxi projects were launched to transport TB sputum samples to laboratories more efficiently.

The community and its demand for services were mobilized through a communication and marketing campaign using pamphlets, posters, support groups, and the public-private initiative. Hospital boards and clinic committees were established to involve the community in quality of care monitoring and provider accountability. Multi-disciplinary HIV and AIDS/STI/TB committees were formed at district level as well. Board and committee members were supported with training, handbooks, and checklists, both to explain specific governing duties and to strengthen members' leadership and governance skills.

Drug management improved through the use of a computerized HMIS in health facilities. Essential drug lists were promoted, 400 existing pharmacists were trained in supply management, and facility staff was trained on a new stock card system. To address staff shortages, a pharmacist assistant program was created. The Eastern Cape Province Department of Health developed and implemented recruitment and retention strategies. Lessons-learned were shared across districts and regions.

2. Veracruz Province Enhances Quality of Diabetes Care

Mexico's Quality Information System indicated persons with diabetes were receiving inadequate quality of care. The Diabetes Awareness Project was established in Veracruz province to increase the quality of life of people with diabetes through the improvement of quality of care. It is a part of Ministry of Health's national healthcare quality improvement campaign. The one-year intervention included: in-service training of health workers, diabetes education, and a variety of initiatives led by primary care teams. Ten randomly selected health centers in Veracruz participated (five as intervention sites and five as controls). Intervention sites participated in project initiatives to improve diabetes training and education for health professionals and patients. Control sites continued treating diabetes with the existing model of care. HbA1C (a long-term measure of diabetes control) was measured at the baseline and at the end of the project.

The Diabetes Awareness Project set direction and planned activities to match the World Health Organization's Chronic Care Model components: self-management support, decision support, delivery systems design, and clinical information systems. The resulting intervention was a systems-based approach with in-service provider training, a structured diabetes education program, and a variety of process innovations created by the primary care teams.

Health workers were trained in how to apply the Plan-Do-Study-Act method for continuous quality improvement. Plan-Do-Study-Act is a management tool workers can use to scan for service gaps and areas for improvement, to generate and implement key priorities for action and to monitor and evaluate the effectiveness of organizational changes. The project used the Plan-Do-Study-Act training to encourage worker-initiated innovation and shared ownership of quality assurance. A range of team-generated solutions were developed and applied, most of which required little external resources. Some of the innovations that were put in practice by primary health care centers in the project included the organization of diabetes clinics, a collective medical visit for Diabetic clubs, and the use of health promoters to carry out diabetes education.

The project engaged community members with diabetes to participate in the learning sessions. Patient involvement increased patient input when generating solutions for ensuring high quality care. All of the centers implemented a clinical information system.

The proportion of diabetic patients with good blood sugar control increased from 28% to 39% in intervention group while the proportion increased from 21% to 28% in the usual care group. There were significant increases in recorded foot and eye examinations, education about foot care and nutritional counseling at the intervention sites. Documented foot care education increased to 76% of people in the intervention group, compared to 34% elsewhere. The proportion of patients achieving 3 or more quality improvement goals increased from 17% to 70% in intervention group while usual care group experienced a non-significant decrease. Building on the success of Veracruz, the project is now being extended to sites in Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua.

Veracruz Initiative's success was not due to a single intervention, but to a systems approach based on a combination of factors, including in-service training for primary care teams. This case demonstrated that an integrated approach can improve the quality of diabetes care. Importantly, it showed that patient participation in the decision-making process contributed to successful outcomes and sustainability. Veracruz Initiative's results suggested that responsibility for service delivery does not lie exclusively with physician and nurse, but that a well-functioning team is fundamental.

[Case studies adapted from Peterson, E.A., Dwyer, J., Howze-Shiple, M., Davison, C.Y., Wilson, K., and Noykhovich, E. (2011) *Compendium of Case Studies*. Center for Global Health, George Washington University: Washington DC.]

Appendix 3: Want to learn more?

Govern4Health App

(Available on the Apple App Store and the Android Market)

This app is created to provide health leaders with basic information on the essential practices of good governance. The Govern4Health app aims to demystify health governance by providing practical actions for health leaders, managers, and people who govern. Unlike traditional methods of learning, the Govern4Health app provides a highly interactive way for users to learn about implementing good governance through different quizzes, discussion forums, and governing tips which can be accessed at any time. The app also offers evidence on why governance matters, along with a tool to assess gender responsiveness and tips on how to continually enhance governance.

LMG governance guides and handbooks

The guides contain best practices, tools and references, and resources for good governance. Training Facilitation Handbooks are designed to accompany the guides and are meant to be used by training facilitators to deliver the contents of the guides following a structured methodology. Separate handbooks are available for training governance leaders of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers. The LMG governance guides and handbooks are available at <http://www.lmgforhealth.org/expertise/governing>

Guides

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

Handbooks

1. Training Facilitation Handbook for the Ministry of Health Governance Leaders and Staff
2. Training Facilitation Handbook for Provincial Health Office Governance Leaders and Staff
3. Training Facilitation Handbook for District Health Office Governance Leaders and Staff
4. Training Facilitation Handbook for Hospital Governance Leaders and Staff
5. Training Facilitation Handbook for Health Center Governance Leaders and Staff

LeaderNet

LeaderNet is a virtual community of health professionals, managers, facilitators, and technical experts who are interested in improving the leadership, management and governance of health services and programs. LeaderNet offers multilingual online seminars, tools and resources on leadership, management and governance, and networking opportunities for health professionals around the world. You may join LeaderNet community of practice at [http://leadernet.msh.org/!](http://leadernet.msh.org/)

Governance guides and handbooks from other organizations

1. Healthy NHS Board
<http://www.leadershipacademy.nhs.uk/discover/the-healthy-nhs-board/>
2. Good Governance Institute <http://www.good-governance.org.uk/publications/>
3. Healthcare Quality Improvement Partnership
<http://www.hqip.org.uk/assets/Guidance/GGI-HQIP-Good-Governance-Handbook-Jan-2012.pdf>
4. Institute of Healthcare Improvement
<http://www.ihl.org/resources/Pages/Tools/HowtoGuideGovernanceLeadership.aspx>
5. Governance Center of Excellence <http://www.thegce.ca/Pages/default.aspx#5>
6. IPPF Code of Good Governance <http://www.ippf.org/resource/IPPF-Code-Good-Governance>
7. IPPF Governance Handbook
<http://www.ippf.org/resource/Welcome-Board-governance-handbook>
8. Center for Healthcare Governance
<http://www.americangovernance.com/americangovernance/resources/blueribbon.html>
<http://www.americangovernance.com/resources/reports/guide-to-good-governance/>
9. CDC Local Public Health Governance Performance Assessment
<http://www.cdc.gov/nphpsp/documents/final-governance-ms.pdf>
http://www.cdc.gov/nphpsp/documents/governance/07_110300-gov-booklet.pdf
10. WHO
http://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_Governance.pdf
11. MSH Pharmaceuticals and the Public Interest: The Importance of Good Governance
<https://www.msh.org/resources/pharmaceuticals-and-the-public-interest-the-importance-of-good-governance>
12. Effective Governance for Quality and Patient Safety in Canadian Healthcare Organizations
<http://www.patientsafetyinstitute.ca/English/research/PatientSafetyPartnershipProjects/governanceForQuality/Documents/Full%20Report.pdf>
13. Governance Guide for Primary Health Organizations
<http://www.nzdoctor.co.nz/media/265830/governanceguideforphosdraft07.pdf>
14. Good governance guide helping local governments govern better
<http://www.goodgovernanceguide.org.au/>
15. Good Governance Institute of Australia
<http://www.governanceinstitute.com.au/knowledge-resources/good-governance-guides/>

16. Good governance guide for public sector agencies
<http://www.publicsector.wa.gov.au/public-administration/public-sector-governance/good-governance-guide-public-sector-agencies>
17. Practical Guide to Collaborative Governance and Training Manual
http://www.policyconsensus.org/publications/practicalguide/collaborative_governance.html
18. ELDIS
http://www.eldis.org/go/topics/resource-guides/health-systems/governance-and-health#.U3mtp_YU-wl
19. DIY committee guide <http://www.diycommitteeguide.org/resource/governance-health-check>
20. National Association of Local Boards of Health <http://nalboh.org>
21. National Association of Public Hospitals and Health Systems www.naph.org
22. National Center for Healthcare Leadership <http://www.nchl.org/>
23. Great Boards <http://www.greatboards.org/>
24. BoardSource
<https://www.boardsource.org/eweb/DynamicPage.aspx?Site=bds2012&WebKey=6d3c3e6f-9d8c-441b-946c-f5a41d1e4b86>
25. UNDP Oslo Governance Center Assessing Governance to Achieve Health and Education Goals
http://www.undp.org/content/undp/en/home/librarypage/democratic-governance/oslo_governance_centre/assessing-governance-to-achieve-health-and-education-goals/

Continued governance education opportunities

Many continued governance education opportunities are currently available if you would like to continue learning. We have listed several such opportunities below.

1. e-Institute of the World Bank
 - a. *e-courses*
 - 1) Introduction to Social Accountability
 - 2) Social Accountability Tools for the Africa Region
 - 3) ICT for Social Accountability
 - 4) Gender Equality and Development
 - 5) Health Outcomes and the Poor
 - 6) Management in Health
 - 7) Results Based Financing in Health
 - 8) Strengthening the Essential Public Health Functions: Part I, II and III

Part I covers introductory module and basis and organization of health systems: (i) Health Situation Monitoring; (ii) Surveillance and Risk Control; (iii) Human Resource Development; (iv) Emergencies and Disasters.

Part II covers strategy and policy: (v) Policy Development; (vi) Regulation; (vii) Health Promotion; and (viii) Research.

Part III covers Track 3: Access and Quality: (ix) Quality of Services; (x) Equitable Access; (xi) Social Participation; and (xii) Inter-sectoral Action for Health.

b. Webinars

Introduction to Principles and Guidelines for Better Governance in Hospitals
<http://einstitute.worldbank.org/ei/webinar/themes/improving-governance-and-social-accountability-in-health-care-services-delivery>

Improving Health Service Delivery in Uganda: A Multistakeholder Approach
<http://einstitute.worldbank.org/ei/webinar/improving-health-service-delivery-uganda-multistakeholder-approach>

c. eCommunities

<http://einstitute.worldbank.org/ei/community>

An e-community is a web site where people and practitioners from around the globe who share common concerns get together to exchange ideas, experiences, resources, challenges and possible solutions, and tools on a specific subject. You will find several online learning communities at the above site. Governance and Health Systems (Electronic Network of Procurement Practitioners (eNePP)) and Governance (Voices against Corruption Youth Network) are two examples. You may join the communities of practice of your interest.

2. Online courses from other institutions

1) Maastricht University

<http://mgsog.merit.unu.edu/education/onlinecourses.php?cat=governance>

Governance is a complex concept which is often used but not always correctly understood. It is an elusive notion, defined and measured in various ways. Sometimes, the idea of governance is differently placed in practice or wrongly conceptualized theoretically. This course guides participants through key theoretical debates surrounding the concept of governance while at the same time presenting a range of empirical examples to illustrate how governance works in practice. The framework of the course comprises and tackles the following facets of governance: governance as an analytical term, governance and public administration, governance and globalization, governance as decision-making, (good) governance and international organizations. The target group of this course is oriented but not limited to students, policy practitioners, NGOs staff, civil and international servants.

The course is structured in 5 learning modules stretched across 10 weeks. The learning process will feature a series of online lectures, tutorial supervision, online movie screenings, and assignments. The design of the course is structured as such as to allow mobility in the work and schedule for every participant. Course fee is 250 – 400 euro.

2) Wisdom center

<http://www.wisdomnet.co.uk/courses/clinical-governance>

This short training course is for clinicians and health service managers. It provides a comprehensive introduction to clinical governance and risk management, and how they can be used to deliver excellence in clinical care. Training is delivered entirely online. You can start at any time and take as long as you wish to complete the training. Most participants prefer to study one topic a week (approximately two hours study time), spreading it over a ten-week period.

The course has been divided into 10 topics, covering the key elements of clinical governance and risk management, that include Finding and using evidence, EBP and guidelines, Patient and Public Involvement, Accountability, performance and underperformance, Risk management, Audit, effectiveness and coding, Patient safety and significant event audit, and Data security and Confidentiality.

3) UNESCO

Online Course on Governance of Decentralized Sanitation

<http://www.unesco-ihe.org/online-course-governance-decentralized-sanitation>

The overall objective of this course is to provide participants with an understanding of policy and management challenges with reference to peri-urban sanitation services.

4) The Governance Institute

<http://www.governanceinstitute.com.au/learning/short-courses-certificates/>

Governance Institute's Certificate courses provide knowledge and skills for those in a governance role who are responsible for the corporate accountability functions of an organization and who require a broad understanding of their governance responsibilities and the skills required to carry them out. This can be in a public or proprietary company, a not-for-profit, public sector or other organization.

5) Online Health Governance Development Program

<http://www.cha.ca/online-health-governance-development-program-to-launch/>

The Canadian Healthcare Association (CHA) has launched the Governance Development Program (GDP) – a distance learning program designed to support the training of health sector boards of directors. The GDP is a series of online courses aimed at developing and strengthening key health governance competencies. This series of courses focuses on essential governance skills and knowledge. CHA has another course in the series: Governing for Quality and Safety.



Training Facilitation Handbook

Governance Enhancement Course for District Health Office Governance Leaders and Staff

June 2014



Funding was provided by the United States Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-11-00015. The contents are the responsibility of the Leadership, Management, and Governance Project and do not necessarily reflect the views of USAID or the United States Government.

Table of contents

Acknowledgements.....	4
Introduction	5
Learning Plan.....	8
Instructions for Facilitators	11
Session 1: Accessing the Governance Resource Suite	31
Session 2: Applying the Challenge Model.....	38
Session 3: Reviewing roles and responsibilities of a governing body.....	43
Session 4: Cultivating accountability.....	47
Session 5: Engaging stakeholders	54
Session 6: Setting a shared strategic direction	61
Session 7: Stewarding resources.....	67
Session 8: Assessing and enhancing governance.....	74
Session 9: Promoting competency-based governance.....	85
Session 10: Establishing infrastructure for effective governance.....	91
Session 11: Governance enhancement planning.....	97
Session 12: Evaluating the learning experience.....	101
Appendix 1: District Health System Governing Body Governance Development Plan.....	106
Appendix 2: Case study for reflection.....	115
Appendix 3: Want to learn more?	117

Acknowledgements

This work was funded by the United States Agency for International Development (USAID) through the Leadership, Management, and Governance (LMG) Project. The LMG Project team thanks the staff of the USAID Office of Population and Reproductive Health, in particular, the LMG Project Agreement Officer's Representative and her team for their constant encouragement and support.

This training handbook and the accompanying guides on governance represent the collective effort and input of many experts in public health leadership, management, and governance. The LMG Project would like to take a moment to acknowledge the individuals who have made these materials possible.

We would like to thank members of the LMG team for their dedication to the learning opportunity these handbooks provide. Dr. Mahesh Shukla, Senior Technical Advisor on Governance, and Dr. James A. Rice, Project Director, have been instrumental in creating and shaping these handbooks on governance. Ummuro Adano, Lourdes de la Peza, Stephanie Calves, and Sarah Johnson served as internal reviewers and their suggestions have been very useful. The support of Xavier Alterescu, Megan Kearns, Laura Lartigue, Jeremy Malhotra, Elizabeth Walsh, Dana Bos, and Alison Ellis has been critical to the completion of these handbooks.

LMG would also like to thank other colleagues at Management Sciences for Health (MSH), specifically Karen Chio and Sharon May, for their instructional design review and inputs. A special thanks to MSH Ethiopia for giving us an opportunity to pilot test the handbooks and for providing essential feedback on their practical application.

The LMG Project team thanks the hundreds of leaders, managers, and people who govern in the health sector and health institutions in low- and middle-income countries, who spent substantial time in taking our surveys and interviews in 2012. The five effective governing practices were identified based on insights they shared during these inquiries. Special thanks are extended to the three Provincial Public Health Coordination Committees and eleven District Health Coordination Committees in Afghanistan who pilot tested the five governing practices with encouraging results.

Finally, LMG would like to thank all of the individuals and organizations striving to improve health sector governance all over the world. We hope this handbook and the accompanying governance guides will serve as valuable resources for continued support of good governance.

Introduction

Effective governance is *the big enabler* for those who lead, manage, and deliver health services that result in better health care and health gains. This training handbook is designed to facilitate the governance orientation and continuing governance education and enhancement of the people invited to serve on governing bodies of the district health offices and health systems. Similar handbooks have been developed to facilitate governance enhancement in the ministries of health, provincial health systems, hospitals and health centers. The training handbooks are expected to be used by the facilitators in conjunction with the five guides on effective governing practices.

Governance Learning Experiences Design

The learning experiences this handbook facilitates have the following essential characteristics:

- Practical and interesting for persons at all levels of education and experience.
- Focused on important challenges known to frustrate or facilitate effective governance in diverse governing bodies.
- Use experiential learning in which participants tap into their own situations, problems, and experiences to bring the learning concepts, tools, and materials to life.
- Guided by evidence from low- and middle-income countries on what actually works, participants' knowledge and experiences are enhanced, leading to more effective governance of health service organizations.

The Audience

Countries now have thousands of health, civic, community, and business leaders invited to serve on multi-sectoral governing bodies in the health sector. These governing bodies have varying degrees of authority and responsibility to help ensure that their organization's health services are well designed, understood, well managed, and used by the people, families, and communities they exist to serve.

The learning experiences in this series of handbooks have been designed to serve the needs of the governing bodies of projects, programs, health centers, hospitals, provincial and district health councils, health regulatory bodies, health professional associations, and civil society organizations that are engaged in:

- Health care
- Malaria
- Tuberculosis (TB)
- HIV and AIDS
- Maternal, newborn and child health
- Family planning and reproductive health
- Other health services

Leaders who govern and members of the governing bodies are the target audience for the learning experiences described in this handbook. We also expect that the senior managers and health providers engaged with these leaders serving on the governing bodies will participate in the learning experiences. We anticipate that the participants will have a wide range of backgrounds and competencies. Some will have advanced university education, many may be new to health systems, and those serving in remote areas may have had limited opportunities for formal training or education. All, however, can make valuable contributions to the effective governance of their health organization, and all are respected participants in the learning experiences.

Governance Learning Resources

This training handbook does not stand alone. The handbook is intended to be used in conjunction with a learning pledge and with other resources:

1. An individual and organizational pledge to engage and participate fully in order to optimize the value gained from the learning experience.
2. Additional handbooks especially designed for each type of setting (i.e., governing bodies or leaders who govern ministries of health, provincial health systems, district health systems, hospitals and health centers).
3. Five guides on how to apply the effective governing practices (i.e., cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and assessing and enhancing governance) that contribute to good governance, health system strengthening, and better health outcomes.
4. A reference library on the web portal that is continuously updated with information on trends and evidence of the value of effective governance.
5. LMG's web portal contains the reference materials and other materials including the experiences and guidance of others who are successfully engaged in strengthening governance. In the future, LMG plans to further develop this suite of resource materials to support the capacity development of managers and members of governing bodies who are dedicated to strengthening the performance and results of health systems in low- and middle- income countries. LMG plans to add (1) a learning lab kit, with a variety of tools, templates, and worksheets that facilitators can use to engage learners, and (2) case studies, scenarios, and tools for team and experiential learning, and select readings and video-taped insights for those less literate.

We hope the leaders who govern and governing bodies will enjoy the journey to master effective governance using these resources.

Who can be a facilitator?

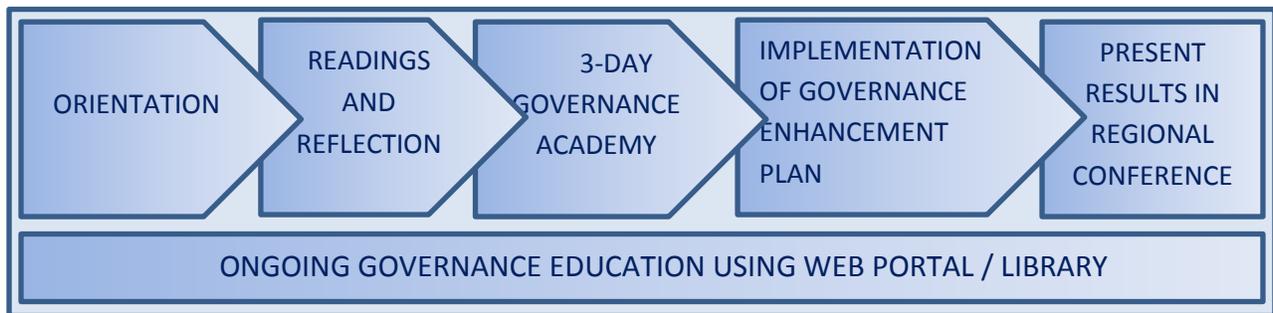
Leadership, management, and governance trainers can be facilitators for the delivery of these learning experiences. A senior manager from the organization whose governing body wants to learn and benefit from these learning experiences is also a good candidate for being a facilitator. The selected facilitator has two options to get ready for facilitation: prepare himself or herself through self-study of the materials, or go through a *Training of Governance Trainers Program* offered by the LMG Project. You may contact Project Director Jim Rice (jrice@msh.org)

to find out more about the training programs for the governance leaders, training of trainers, or for any help in using these materials.

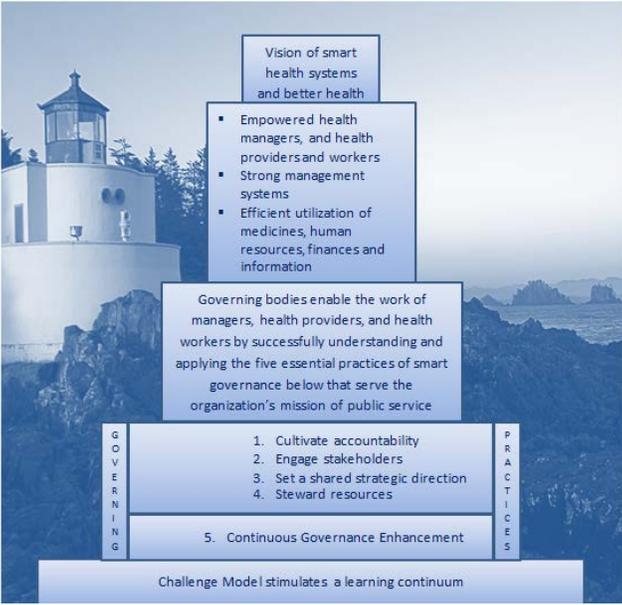
Governance Learning Continuum

The five guides can also be used as self-study resources by the governance leaders or governing bodies to learn about the governing practices and apply them. However, learning will be more effective if a structured training program is organized using the training handbook, following the learning continuum. The learning continuum comprises a carefully designed learning experience consisting of: general orientation of new governing body members; readings, reflection, and collective self-assessment by the governing body; a three-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered; implementation of a governance enhancement plan and an action plan to improve selected measures of the organization’s performance; and presentation of lessons learned and results in a regional conference; all of this is supported by continuous governance education using the resources available on the LMG website (<http://www.lmgforhealth.org/expertise/governing>).

Governance Learning Continuum



The figure below depicts how governance education will help the health leaders learn and apply the five effective governing practices and achieve better health performance of their health systems.



Learning Plan

The table below illustrates a learning plan which follows the governance learning continuum described above.

Orientation of new members appointed to the governing body ↓			Before the Governance Academy	Ongoing Governance Education Using Governance Reference Library and Governance Web Portal
Select readings on governance and effective governing practices				
Collective self-assessment of governing body performance in a special meeting ↓				
Reflection on the current state of governance Participants apply the Challenge Model to governance in their own setting				
Governance Academy				
Day 1	Day 2	Day 3	3-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered	
Accessing Governance Resource Suite	Engaging with stakeholders	Competency-based governance		
Participants apply the Challenge Model to governance in their own setting	Setting a shared strategic direction	Infrastructure for effective governance		
Roles and responsibilities of a governing body	Stewarding resources	Planning governance enhancement		
Cultivating accountability	Assessing and enhancing governance	Evaluating the learning experience		
↓			After the Governance Academy	
Consistent application of the five governing practices and implementation of a governance enhancement action plan over six to twelve months to influence two to three strategic measures of organizational performance				
Regular monitoring of the implementation of the action plan in the governing body meetings				
Presentation of the results and lessons learned in the Regional Conference				
Ongoing periodic assessment of governance at all levels (governing body as a whole, its committees, and individual members)				
Chair and governance committee take responsibility for continuous governance enhancement			Continuous application	
Governing body renews itself from time to time with recruitment of new members and governance education cycle continues				

What is in it for me?

Benefits for the facilitators

This is a challenging professional assignment for facilitators. Facilitators will gain an in-depth knowledge of governance and of effective governing practices. They will have the opportunity to engage with very high-level leaders in the health system and health sector. These are busy people with very important responsibilities. To work with them and help them achieve measurable results will be the ultimate test of facilitation skills; the challenge for the facilitator is to help the participants adopt the five effective governing practices in their governing behavior. There will be increasing demand for their facilitation services as health systems governance increasingly becomes recognized as a prominent health systems building block in need of capacity development.

Benefits for the participants

Improving governance is one of the essential elements of realizing the dream of a strong health system achieving greater health impact. Good governance enables the effective use of medicines, information, human resources, and finances to deliver better health service performance and better health outcomes. There is an emerging body of evidence that shows that effective governance improves health outcomes. Poor governance, on the contrary, has been found to undermine the vitality of the health system, making it less effective, less efficient, less equitable, and less responsive to the people it is intended to serve.

Through this training, participants have an opportunity to learn, adapt, adopt, and apply five evidence-based practices of governance. The program will also help them periodically assess and continuously improve their governance. All five practices, when put into operation in a health system, enable improved health system performance and better protection, promotion, and restoration of health. Most importantly, the five practices help the leaders who govern achieve and demonstrate better organizational performance and better results to their stakeholders.

Leaders who govern do so in close partnership with health managers, health providers, health workers, community leaders, patients, and governance leaders in other sectors. They facilitate the work of managers who in turn facilitate the work of clinicians and health workers. This course, when jointly taken by governing body members, senior managers, and clinician leaders will have a positive synergistic effect on the performance of the organization.

After taking this course, leaders who govern will be able to make important 21st century governance shifts.

Governance Shifts

#	Shift from ...	Shift to ...
1	Labor-intensive 20 th century governance	Technology-supported 21 st century governance processes
2	Governance as usual	Pursuit of efficiency and sustainability in health systems
3	Input-oriented governance	Results-orientation, i.e., culture of measuring and reporting results
4	Arbitrary decision-making processes	Transparent decision-making processes
5	Intuition- and opinion-based governance	Evidence-based governance
6	Authoritarian decision making	Stakeholder engagement in governance decision making
7	Management-driven strategic planning	Stakeholder needs-driven strategic planning
8	Appointments to governing positions based on personal relationships	Competency-based appointments to governing positions
9	Static governance process	Continuous governance enhancement
10	Male-dominated governance	Women holding governance positions
11	Silo-like health ministry	Whole-of-society and whole-of-government governance
12	Central Ministry of Health control	Decentralized provincial and district health governing bodies

(Source: MSH. 2005. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA.)

Instructions for Facilitators

General instructions

Familiarize yourself with the learning domains relevant to governance education. These domains include cognitive, affective, and interpersonal dimensions.

Cognitive Domain

The cognitive domain focuses on intellectual skills (knowledge, comprehension, application, analysis, synthesis, and evaluation) and encompasses the increasing complexity of intellectual skills as students or participants advance their knowledge of content. This domain is the core learning domain. Collaborative assignments, such as group work included in the individual sessions in the Governance Academy, help participants gain advanced intellectual skills, such as application, analysis, and synthesis. The academy sessions are designed so that the participants get to know the five effective governing practices, apply them to their context and evaluate themselves/ their governing body on these practices.

Affective Domain

The affective domain is critical for learning. This is the domain that deals with attitudes, motivation, willingness to participate, valuing what is being learned, and ultimately, incorporating the values of a discipline into a way of life. Elements in this domain are:

- Receiving (willing to listen)
- Responding (willing to participate)
- Valuing (willing to be involved)
- Organizing (willing to be an advocate)
- Characterization (willing to change one's attitude, behavior, practice, or way of life)

The facilitators should note that the following factors enhance affective learning: informing the participants of the value of the course; having alumni who are using the knowledge from the course in their governing roles explain the value of the course;

giving an overview of the resources and resource persons available to help participants; allowing participants time to raise questions and give feedback; and encouraging participants to set goals for themselves that are reasonable.

Interpersonal Domain

The interpersonal domain focuses on people interacting with others. The skills in this domain include the following:

- Seeking/giving information
- Proposing (putting forward an idea)
- Building and supporting (helping another person's idea move forward)
- Bringing in (involving another)
- Disagreeing (appropriately offering a difference of opinion)
- Summarizing (restating in a compact form a discussion or collection of ideas)
- Others, such as negotiating, compromising, facilitating, and leading

Participants will use several of these interpersonal skills in the group work included in the individual sessions. Facilitators should encourage the groups to use positive interpersonal skills.

The handbooks and sessions have design features that encourage learning in all the three domains. They include: critical questioning; reflection; giving feedback on the processes of team and group dynamics; creating governance enhancement plans; discussion; peer involvement; problem-based learning; group analysis and synthesis of governing practices; and sharing perspectives. Facilitators should use and encourage the use of these features.

Using the Five Guides and this Training Handbook

We have developed guides to help the governing body members and leaders who govern operationalize each of the five effective governing practices in a health sector organization. These practices are:

1. Cultivating accountability
2. Engaging stakeholders
3. Setting a shared strategic direction
4. Stewarding resources
5. Assessing and enhancing governance

This training handbook is an accompaniment to the five guides. It may be used as a facilitation resource for trainers/facilitators to build the capacity of both governance leaders (leaders who govern) of a district health office and health system as well as district health office and health system management leaders who support good governance practices. An important component of the governance learning plan is the 3-day workshop that we refer to as Governance Academy. The handbook gives detailed guidance on setting up and conducting Governance Academies through which the knowledge and skills in applying the five governing practices can best be mastered.

Before the Governance Academy

A sample invitation letter is provided at the end of this chapter. A suitable adaptation of this sample letter of invitation should be sent to participants well in advance, preferably three months in advance of the Governance Academy. Participants will use this lead time to do essential reading, reflection, and the collective governance self-assessment, which serves as the basis for applying the Challenge Model to their governance.

The learning plan, learning continuum, schedule of the three-day academy, compulsory reading materials, and instructions on applying the Challenge Model should accompany the invitation letter.

Prior reading and specific pre-work related to the readings:

It is essential that the participants read the following three publications in advance:

1. The eManager issue on “How to Govern Health Sector and Its Institutions Effectively” available at <http://www.lmgforhealth.org/expertise/governing>.
2. Chapter 3 of *Health Systems in Action: An eHandbook for Leaders and Managers* available at <http://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers>.
3. The five guides (cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and continuous governance assessment). These guides may be accessed at <http://www.lmgforhealth.org/expertise/governing>.

The preferred order for the readings is the eManager followed by the eHandbook chapter on governance followed by the guides. The guides offer participants opportunities for deep reflection on the new behaviors that need to be adopted and how to apply the effective governing practices in their own settings. The readings also set the stage for pre-work related to the self-assessments.

Pre-work related to the self-assessments and the Challenge Model

In the run up to the three-day Governance Academy, the governing body as a whole should conduct a collective self-assessment on how well they are performing their role and responsibilities. They may adapt and use one of the many formats given in the Appendices in the Guide for Continuous Governance Enhancement, or the assessment tool contained in Appendix 1 of this Handbook. This self-assessment will be shared with the facilitator to enable appropriate preparation for the learning experience.

In addition, the governing body as a whole will apply the Challenge Model to their governance. (A review of the use of the Challenge Model is contained in the Guide for Setting a Shared Strategic Direction and is more fully described in the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services* available at <http://www.msh.org/resource-center/managers-who-lead.cfm>.) Using the Challenge Model, the governing body members will define their vision of good governance in light of their organization’s mission. They will then apply the Challenge Model to governance in their own setting. Based on their experience, they

will assess their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenges, identify two or three strategic measures of organizational performance that their governing body wants to influence through the use of good governance, and pinpoint key priority actions they will undertake to overcome the obstacles.

When applying the Challenge Model, the members will reflect on what frustrates and what facilitates good governance in their setting and also how to overcome the obstacles. They will also reflect on their governance capacity building needs.

Facilitators need to prepare well for the Governance Academy experience. They should familiarize themselves with the use of the “Challenge Model” and “Root Cause Analysis” techniques. (These are well described in *Managers Who Lead: A Handbook for Improving Health Services* available at <http://www.msh.org/resource-center/managers-who-lead.cfm>. Root cause analysis is also covered in the Appendix to the Guide for Setting a Shared Strategic Direction.) If participants are able to successfully and effectively apply these techniques to their governance, they are likely to better appreciate the value of improving their governance and the value of this learning experience in helping them improve their governance as an essential enabler for the work of the organization as it pursues its mission.

Facilitators will also need to learn about facilitating a SWOT (strengths, weaknesses, opportunities and threats) analysis. *Opportunities* are external factors in the environment that may improve performance and *threats* are external elements in the environment that could cause trouble, whereas *strengths* and *weaknesses* (strong points and weak spots) are internal attributes of the governing body. University of Kansas has a free online resource on its community toolbox site on how to conduct SWOT analysis <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main>.

Reading materials and handouts

Facilitators should review the session outlines, collect all the reading materials from the LMG Project (available at <http://www.lmgforhealth.org/expertise/governing>), and print/make sufficient copies for participants. They should judge what works best in their context, i.e., giving a soft copy of all materials on a flash drive, or giving hard copies or both. Participants will need to have the relevant guide available during a session on a particular governing practice as a reference material. Handouts to be given during the session are clearly described or exhibited in this training handbook.

During the Governance Academy

The Governance Academy is an intense three-day learning experience that requires the full time and attention of all participants. Participants should understand and commit to setting time aside for this three-day program to strengthen their governance capacity. Successful completion of the Academy will help them have a concrete governance enhancement plan and an action plan to influence two to three strategic measures of their organizational

performance. They will implement these plans over next six to twelve months and obtain measurable results for their stakeholders.

Facilitators should allow the participants time to raise questions and provide their feedback during the three-day academy. This will increase their willingness to listen, willingness to participate, willingness to be involved, and willingness to adopt the five effective governing practices.

Sessions

The facilitator will be expected to plan and conduct 12 sessions in the Governance Academy. The academy has been designed to help district health office and health system governance leaders and senior staff members understand, master, and feel more comfortable, confident, and competent in applying the five effective governing practices in their own setting. The sessions will also enhance the governing competencies of governance leaders and staff. The sessions broadly follow the outline below.

Focus: Theme or topic is mentioned in the title of each session.

Content: One session on each of the five effective governing practices as well as other preparatory and supportive sessions.

Duration: Each session is one or two hours, except the one on governance enhancement planning, which is three hours long.

Goals and objectives: Specific trainer goals and learning objectives are described in the session description.

Participants: The session participants are district health office and health system governance leaders and staff.

Outline: The session outline specifies a set of participant activities (how participants will accomplish the curriculum objectives) and essential questions (what central questions participants will answer as the session unfolds).

Resources: Background reading and session handouts describe resources the facilitator should use to help participants accomplish the curriculum.

Assessment activities: Session handouts and assessment activities are suggested. Grading is done by the facilitator on group presentations. A grading tool is given to help the facilitator grade the presentation and determine if participants: a) have achieved the objectives of the session, and b) can answer the essential questions central to the topic of the session. The facilitator may use scores from the grading of groups' performance at the conclusion of each session in a variety of ways. The facilitator may use the scores to motivate the groups and individual members to contribute, pay attention, do the work, etc.

The Governance Academy should be conducted in a three full-day workshop format. About eight hours of activities should be planned in a training day. In addition to the training sessions, time should be provided for recap of the earlier day, inter-session breaks, and closing discussions. All learning is expected to take place in a highly interactive mode, with extensive small and large group discussions and exchange of ideas. During each session:

- The participants will be divided into small learning groups.

- Each group will have five to six participants.
- Two to four groups will participate in a break-out session facilitated by one facilitator. The total number of facilitators needed will depend on the number of participants invited to the academy.
 - If there are 10–24 participants participating in the academy, one facilitator will be needed to deliver the training effectively. If more than 24 participants and up to 40 participants are attending, two facilitators will be needed. If more than 40 participants are participating, three facilitators will be needed.
 - Each break-out session will need a separate room or space. For example, one, two, or three rooms/spaces will be needed for group work if there are 15, 30, or 45 participants, respectively. A big hall will be needed for the plenary discussion.

In general, the basic design of a session is two to four groups of five to six participants from the same setting identify their governance challenges and design solutions. For example, participants could be from many different districts but they should be from district health office and health systems. The participants will discuss the same set of central questions in a session, and each group will make a presentation to the other groups on what they propose to do to implement the specific effective governing practice discussed in the session.

All sessions are practice-oriented, based on an experiential learning methodology, and do not deal with theoretical aspects during the academy.

Theoretical concepts and applications in practice are covered in the reference texts: the five guides on five effective governing practices, eManager on “How to Govern Health Sector and Its Institutions Effectively,” and Chapter 3 on governance in the MSH publication, *Health Systems in Action: An eHandbook for Leaders and Managers*.

As described above, we recommend that these reference texts be sent with the invitation letter for the Governance Academy. The participants should use the time available to them during their busy schedules to read and reflect on these reference texts. In this way, they will gain a theoretical and practical understanding and be more prepared for the experiential learning during the academy.

The desired outcomes of the training are defined in detail in this handbook. To achieve the outcomes in an effective and efficient way, the academy sponsors and organizers should consider:

- Learning context (what constraints do you anticipate?)
- Content expertise (what content experts are available to help?)
- Training expertise (what training experts are available to deliver the training?)
- Logistical requirements (based on size and number of participants)
- Language preference of the participants

Based on these criteria, appropriate modifications may need to be made to the suggested design of the Governance Academy.

After the Governance Academy

On successful completion of the Governance Academy, participants will have two plans in hand: a "Plan for Governance Enhancement," and an action plan for applying the five governing practices to improve two to three strategic measures of their organization's performance. Over the next six to twelve months, participants will be expected to consistently apply the five governing practices and implement their governance enhancement plan and action plan. They will monitor the implementation of these plans in their governing body meetings. The governing body will present the results and lessons learned in a Regional Conference to be scheduled by key leaders in the area.

As an outcome of the learning process, participants learn to conduct periodic assessments of their governance by the governing body as a whole, its committees, and at the individual member level. As discussed earlier, they will use the results of these assessments to further improve their governance and their organization's performance. The Chair and governance committee should take responsibility for the continuing governance education and continuous governance enhancement of the governing body. The governing body renews itself from time to time with recruitment of new members. New members should receive orientation on their role and responsibilities and the state of their health system. The Chair and the governance committee should consider providing mentorship opportunities to the new members.

Governance enhancement plan consists of periodically assessing governing practices and continuously trying to improve these practices. Continuous governance enhancement is accomplished through regular governance assessments, governance orientation and education, building diversity in the governing body, cultivating essential governance competencies, conducting productive meetings, establishing governance policies, and using governance technologies like dashboard.

The primary purpose of enhancing governance is to improve the organizational performance. For this reason, governance leaders working with the senior management and with key stakeholders develop an action plan to improve two to three strategic measures of the organization's performance. This involves practical use of the governance competencies and capacity of the governing body and also consistent application of the effective governing practices they learned in course of the governance enhancement education. When the governance leaders see their governance decisions translating into higher organizational performance, they may be inclined to consistently apply the effective governing practices. A virtuous cycle is set into motion, improved governance leading to better organizational performance, which in turn motivates the governance leaders to continuously enhance their governance.

Sample invitation letter

(This is a sample invitation letter from the facilitator to the members of the governing body and senior management to participate in the governance learning experience. The facilitator should make appropriate modifications to the letter based on the context and the local situation.)

Welcome to Your Governing Body Role,

We congratulate you for being invited to serve on the governing body and to perform a governing role. This invitation indicates that you have been recognized as a wise leader in your community or region, and that you are believed to have a keen interest in helping support the mission of your organization.

As a new governing body member, you are beginning a period of service that brings with it prestige, credibility, influence, and personal satisfaction. You bring a lot of time, effort, and a sincere desire to improve the health of your community and to guide the plans and vitality of your organization.

What are the five most important roles of your governing body for this health service organization?

1. Bring needs of beneficiaries in to the plans and work of the organization.
2. Advocate for the needs of the organization to stakeholders.
3. Support management to develop service quality.
4. Support management to develop the economic vitality of the organization.
5. Help management to protect and achieve the mission of the organization.

While the legal status of each governing body has slightly different authorities in each country and for each type of health service organization or health facility, the legally-constituted governing body is expected to be a careful steward of the organization's mission and its many resources by the people and the government on behalf of the people.

In the eyes of the law of most countries, governing body members have an ethical obligation that should not be divested through delegation to committees or to management. As a member of this governing body, you are held to a very high standard of conduct. You, and others serving on this governing body, are charged with safeguarding the mission of the organization, protecting and enhancing the assets of the organization, protecting patients or other beneficiaries from harm, and not getting any personal gain from your relationship with this organization, other than a sense of pride that your time and talents are being used wisely and well to serve the people.

Governing Body Leadership

You have been selected as a governing body member because you bring important knowledge, skills, and experience to the organization's policy making and oversight duties. This probably results from your demonstrated abilities to lead and support others.

Leadership in the setting of a health sector governing body has specific attributes. We want you to feel comfortable that, after reading certain reference documents and/or attending your organization's orientation program, you will have added a few new leadership attributes to your own. For this reason, we suggest that you will want to discuss the following draft governing body roles and responsibilities as you prepare for your work on this governing body.

You will have an opportunity to learn more about the role of this organization to protect, promote, and restore health for the people of this region. You will also be able to participate in the "Governance Academy" that supports the continued enhancement of your capabilities to be a high performing member of your governing body. We hope you will be proud of your governing body service and appreciate the opportunity to work with other respected colleagues on this body in the years ahead.

Governing Body Leadership Responsibilities

As you plan for your service on this governing body, we hope that you will conduct yourself in a way that helps the staff and external stakeholders develop confidence:

- In the quality and safety of the organization's health services.
- That resources are invested in a way that delivers optimal health outcomes to the people the organization exists to serve.
- In the accessibility and responsiveness of the organization's health staff and health services.
- That beneficiaries, patients, and the public can engage to help to shape health services that meet their needs.
- That the public's money is spent in a way that is fair, efficient, effective, and economic.

To succeed in accomplishing these responsibilities, you will want to learn how you can best understand and implement four essential practices:

1. Help establish a culture in the governing body and in your organization that expects transparent decision making and reporting of results from the work of the organization's staff and partners. You are expected to **help the organization be accountable for its decisions and behaviors** in the governing body, the management, the health care workers, and you yourself as a high performing member.
2. You listen carefully to the needs, fears, pains, and expectations of all stakeholders engaged in the work of the organization. **You are to be effective at stakeholder engagement.**
3. One of the most important practices is to work with other members of the governing body and the organization's management to establish a "strategic road map" for the organization to achieve superior performance and health care outcomes. You are to be **effective at setting strategic direction** for the organization.
4. You do not own this organization, rather, you hold it in trust for the people the organization exists to serve. You are expected to **be a good steward of the organization's scarce resources**—human, technological, and financial.

The resources you will be able to access in your journey for continuous governance improvement include the guides on applying the give effective governing practices.

Attached to this letter are the learning plan, learning continuum, schedule of the three-day Governance Academy, materials for reading to be done prior to the Academy, and instructions on applying the Challenge Model to your governance. As your facilitator, I will further assist you in accessing useful governance resources during the Academy.

Prior reading and specific pre-work related to the readings

It is essential that you read the following three publications in advance and reflect on what they say.

1. The eManager issue on “How to Govern Health Sector and Its Institutions Effectively” available at <http://www.lmgforhealth.org/expertise/governing>
2. Chapter 3 of *Health Systems in Action: An eHandbook for Leaders and Managers* available at <http://www.msh.org/resources/health-systems-in-action-an-ebook-for-leaders-and-managers>.
3. The five guides (one each on cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and continuous governance enhancement). These guides may be accessed at <http://www.lmgforhealth.org/expertise/governing>.

The guides will help you reflect on new behaviors that need to be adopted and how to apply the effective governing practices in your own setting.

Pre-work related to the self-assessments and the Challenge Model

In the run up to the three-day Governance Academy, your governing body as a whole should conduct a collective self-assessment on how well the governing body is performing its role and discharging its responsibilities. You may adapt and use one of the many formats given in the Appendices of the Guide for Continuous Governance Enhancement for this purpose, or the assessment tool contained in Appendix 1 of this Handbook. In addition, the governing body as a whole will apply the Challenge Model to its governance, and reflect on what frustrates and what facilitates good governance in its setting and also how to overcome the obstacles. The governing body will have an opportunity to review the results of the Challenge Model during the academy.

You may always ask questions about your governance work and this orientation program by contacting us here:

Facilitator will give his or her contact details here.

(Letter ends here.)

The facilitator may use the following illustrative schedule and adapt it appropriately while designing her or his schedule suitable for the local circumstances.

Illustrative schedule of the three-day Governance Academy

Time	Activity	Type of activity
Day 1		
8:00 – 8:30	Registration and refreshments	
8:30 – 8:45	Recitation of Prayer	Recitation
	Introductory speeches <ul style="list-style-type: none"> • Speech 1 • Speech 2 	Speeches in Plenary Session
8:45 – 9:45	Introductory session	Group work
9:45 – 10:00	Tea Break	Group work
10:00 – 11:00	Session 1: Accessing Governance Resource Suite	Group work
11:00 – 12:00	Session 2: Participants apply the Challenge Model to governance in their own setting	Group work
12:00 – 1:00	Lunch	
1:00 – 2:00	Session 3: Roles and responsibilities of a governing body	Group work
2:00 – 2:15	Tea Break	
2:15 – 4:15	Session 4: Cultivating accountability	Group work
4:15 – 4:30	End of the day evaluation (evaluation of sessions 1 to 4)	Evaluation
Day 2		
8:00 – 8:15	Recap of the earlier day	Plenary Session
8:15 – 10:15	Session 5: Engaging with stakeholders	Group work
10:15 – 10:30	Tea Break	
10:30 – 12:30	Session 6: Setting a shared strategic direction	Group work
12:30 – 1:30	Lunch	
1:30 – 3:30	Session 7: Stewarding resources	Group work
3:30 – 3:45	Tea Break	
3:45 – 5:45	Session 8: Assessing and enhancing governance	Group work
5:45 – 6:00	End of the day evaluation (evaluation of sessions 5 to 8)	Evaluation
Day 3		
8:30 – 8:45	Recap of the earlier day	Plenary Session
8:45 – 9:45	Session 9: Competency-based governance	Group work
9:45 – 10:00	Tea Break	
10:00 – 11:00	Session 10: Infrastructure for effective governance	Group work
11:00 – 12:00	Session 11: Compilation of governance enhancement plan	Group work
12:00 – 1:00	Lunch	
1:00 – 3:00	Session 11: Compilation of governance enhancement plan (Continued)	Group work
3:00 – 3:30	Tea Break	
3:30 – 4:30	Session 12: Evaluating the learning experience Conclusion of the academy with discussion in Plenary Session on what participants learned and next steps to be taken in the coming six to twelve months	Closing of the workshop in Plenary Session

Learning objectives

Introductory session

1. Get to know each other better.
2. Each participant records the baseline level of knowledge about effective governance using an instrument for self-assessment.
3. Better appreciate the importance of good governance as an enabler of enhanced health system performance.
4. Express training needs and expectations from the academy.
5. Better understand the role of fellow participants in learning.

Session 1

Accessing Governance Resource Suite

1. Get to know the Governance Resource Suite and what is available in the suite.
2. Get to know how to access it and use it, when it becomes available.
3. Express any needs for other resource materials that will facilitate learning.

Session 2

Participants apply the Challenge Model to governance in their own setting

1. Discuss, define, and describe governance and good governance.
2. Discuss what is working, what is not working in your governance, and what could be done to improve it.
3. Apply the MSH Challenge Model to governance in your own setting, discuss your current governance situation, identify obstacles and root causes that come in the way of governing well, define your key governance challenge, identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance, and pinpoint key priority actions you will take to overcome the obstacles.
4. Articulate your governance capacity building needs.

Session 3

Roles and responsibilities of a governing body

1. Get to know twelve key roles and responsibilities of a governing body.
2. Compare your own roles and responsibilities with the twelve key roles and responsibilities.
3. Identify, discuss, describe, and internalize key governance responsibilities.
4. Articulate your governance capacity building needs.

Session 4

Cultivating accountability

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.

3. Brainstorm and clarify how to cultivate accountability in your district health office and health system, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 5

Engaging stakeholders

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to engage with stakeholders of your district health office and health system, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 6

Setting a shared strategic direction

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to set a shared strategic direction in your district health office and health system, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 7

Stewarding resources

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to steward resources of your district health office and health system, i.e., what specific actions should be taken to put it into practice?
4. Review an individual self-assessment of this practice.

Session 8

Assessing and enhancing governance

1. Describe this effective governing practice.
2. Recall and discuss the foundational principles of this practice.
3. Understand the benefits of good self-assessments, and the risks of poor or infrequent self-assessments.
4. Brainstorm and clarify how to periodically assess and continuously enhance governance of your district health office and health system, i.e., what specific actions should be taken to put it into practice?
5. Review various governance assessments and self-assessments.
6. Brainstorm and adapt governance assessments you will use in your district health office and health system.

Session 9

Competency-based governance

1. Get to know twenty key competencies of a governing body.

2. Compare the skills profile of your governing body and discuss how it compares with the competency matrix of twenty core competencies.
3. Identify, discuss, and describe key governing competencies required to govern well in your own setting.
4. Articulate your governance capacity building needs.

Session 10

Infrastructure for effective governance

1. Get to know key elements of governance infrastructure a governing body needs for effective governance.
2. Compare your own governance infrastructure with these key elements.
3. Identify, discuss, and describe governance infrastructure required to govern well and infrastructure gaps that exist in your setting.
4. Articulate their governance capacity building needs.

Session 11

Governance enhancement planning

1. Brainstorm and outline a governance enhancement plan for your governing body based on the discussions during the academy.
2. Identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance.
3. Outline an action plan comprising specific and concrete action steps that the governing body will take for consistent application of the five effective governing practices over six to twelve months to influence the two to three strategic measures of organizational performance.
4. Present the governance enhancement plan and governance action plan.

Session 12

Evaluating the learning experience

1. Evaluate the learning experience.
2. Make suggestions for its improvement for future participants.
3. Discuss next steps your governing body will take in the coming six to twelve months.

Introduction to Governance

Governance is a group process of making decisions to ensure the continuous vitality and performance of organizations or health systems providing services that protect, promote, or restore the health of the people. Governing bodies champion and enable an organization to fulfill its mission.

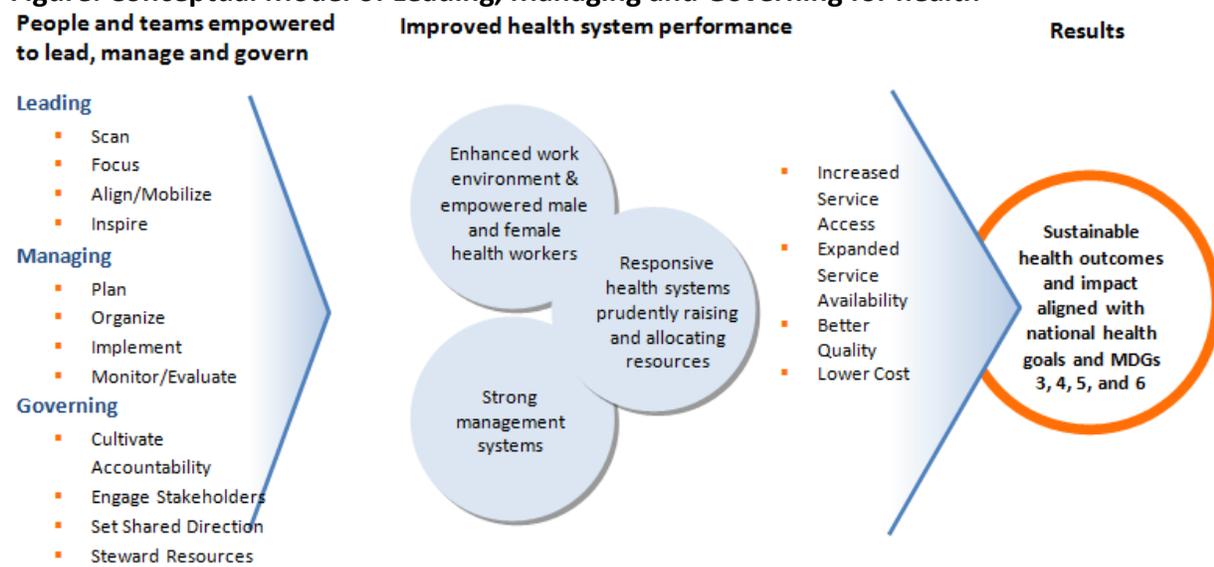
Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and making sure that the strategic goals and objectives are accomplished.

Governance for health is done with the objective of protecting and promoting the health of the people served by a public or private organization.

Governance is robust when (1) the decisions are based on accurate information, rigorous evidence, and shared values; (2) the governing process is transparent, inclusive, and responsive to the needs of the people that the ministry or the organization serves; (3) those who make and those who implement decisions are accountable; (4) the strategic objectives are effectively, efficiently, ethically, transparently, and equitably met; and (5) the vitality of the ministry or the organization is maintained and enhanced in its journey to accomplish its mission.

MSH's Leading, Managing and Governing for Results Conceptual Model below depicts how good leadership, management, and governing practices can enhance the performance of health systems to save lives and achieve significant and sustainable gains in the health status of populations.

Figure: Conceptual Model of Leading, Managing and Governing for health



(Source: MSH. 2005. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA.)

Governance in the context of health has come into sharper focus over the past decade. It has become one of the essential factors in the pursuit of stronger health systems, greater health impact, and enhanced country ownership. There is an emerging body of evidence demonstrating that effective governance improves health outcomes. Conversely, poor governance overall, and especially in the health sector, has contributed to poor health outcomes. It undermines the vitality of a health system, and makes it less effective, less efficient, less equitable, and less responsive to people it is intended to serve.

A compelling piece of evidence comes from the research conducted by Björkman and Svensson in 50 rural communities of Uganda. This work documents that community monitoring of health care providers improved health outcomes. Moreover, communities with a good governance intervention saw a significant increase in the weight of infants, and as much as a 33 percent reduction in mortality rates of children under five years of age.¹

Effective Governing Practices and Their Key Enablers

To fully understand governance and what makes it effective in the context of health, in 2012, the LMG Project carried out a web-based survey of 477 respondents in 80 countries, complemented by 25 key informant interviews in 16 countries. Survey respondents were people who hold leadership, governance, or management positions in health ministries and health institutions in low- and middle-income countries and who are members of the two LMG-supported online communities of practice of health leaders and health managers.

About 90 percent of the respondents defined governing in terms of inclusion, participation, and collaboration. In addition, they identified factors that enabled effective governing in the context of health, such as the use of performance data and scientific evidence, sound management, adequate financial resources for governing, openness and transparency, accountability to citizens and clients, and integrity. The survey and interview findings were then distilled into five governing practices. Thus, the review of the literature and the surveys and interviews of health leaders in the field defined the following five governing practices as essential to effective governance:

1. Cultivating accountability
2. Engaging stakeholders
3. Setting a shared strategic direction
4. Stewarding resources
5. Assessing and enhancing governance

Table 1 below lists the key enablers and principles that underpin these five practices.

¹ Björkman, M., Svensson, J. 2009. "Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda." *The Quarterly Journal of Economics*, 124(2): 735-769.

Table 1: Enablers and principles that underpin the five effective governing practices

Practice	Foundational Principles	Enablers	Resource
Cultivating accountability	Accountability, transparency, ethical and moral integrity, social justice, and oversight	Openness and transparency	Guide for Cultivating Accountability
Engaging stakeholders	Participation, representation, inclusion, diversity, gender equity, and conflict resolution	Inclusion and participation Gender-responsiveness Intersectoral collaboration	Guide for Engaging Stakeholders
Setting a shared direction	Stakeholder alignment, leadership, management, and advocacy	Effective leadership and management	Guide for Setting a Shared Strategic Direction
Stewarding resources	Financial accountability, social responsibility, ethical and moral integrity, resourcefulness, efficiency, and effectiveness	Ethical and moral integrity Pursuit of efficiency and sustainability Measurement of performance Use of information and evidence Use of technology in governing	Guide for Stewarding Resources
Assessing and enhancing governance	Performance measurement	Measurement of performance Use of information and evidence Use of technology in governing	Guide for Continuously Enhancing Governance

Introductory Session: Establishing rapport and understanding

During this session, participants—whether they already know each other or not—will get to know each other in various ways. Participants will be divided into groups of five to six individuals each. Introductions will help establish individual as well as group identity and give everyone a chance to define their training needs and expectations regarding governance capacity building.

Trainer goals

1. Help participants get to know each other and develop trust.
2. Identify what participants want to get out of the training.
3. Introduce the workshop objectives to the participants.
4. Record their baseline level of knowledge about effective governance.

Participant goals

1. Get to know each other better.
2. Assess your baseline level of knowledge about effective governance using an instrument.
3. Better appreciate the importance of good governance as an enabler of enhanced health system performance.
4. Express your training needs and expectations from the academy.
5. Better understand the role of fellow participants and the facilitator in your learning.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus
10 minutes	1. Introduction by the facilitator	1. Introduction of the training program 2. Introduction of the training materials
10 minutes	2. Participant introductions	Introductions and getting to know each other
30 minutes	3. Group discussion on the importance of good governance as an enabler of enhanced health system performance.	Why is governance important? What are the benefits of good governance? What are examples you have seen of good governance? What are the risks and the threats if governance is not performed well? What are examples of poor governance?
5 minutes	4. Group work	Facilitated discussion on what participants would like to learn during the training.
5 minutes	5. Baseline governance	Using the Governance Knowledge

Time	Activity	Focus
	knowledge assessment	Assessment Instrument (provided in session 12 of this handbook), participants assess their governance knowledge before the workshop.

Session outputs

1. Participants and the facilitator get to know each other.
2. Training needs of the participants clarified.
3. Clear understanding of the expectations of the participants from the workshop.
4. Explicit understanding of the value of good governance and the risks of poor governance.
5. Baseline governance knowledge assessment of the participants.

Governance Academy Sessions

1. Accessing the Governance Resource Suite
2. Applying the Challenge Model
3. Reviewing roles and responsibilities of a governing body
4. Cultivating accountability
5. Engaging with stakeholders
6. Setting a shared strategic direction
7. Stewarding resources
8. Assessing and enhancing governance
9. Promoting competency-based governance
10. Establishing infrastructure for effective governance
11. Planning for governance enhancement
12. Evaluating the learning experience

Session 1: Accessing the Governance Resource Suite

Session Design

During this session, participants will be introduced to LMG's Governance Resource Suite and how to access it. The Governance Resource Suite currently includes:

1. Governance Training Handbooks specifically designed for different settings (i.e., ministries of health, provincial and district health systems, hospitals, and health centers).
2. Five guides on how to apply the effective governing practices.

The suite is available at <http://www.lmgforhealth.org/expertise/governing>. The participants will be able to download and customize any of the tools and templates available in the suite.

In the future, LMG plans to further develop this suite of resource materials by adding (1) a learning lab kit, with a variety of tools, templates, and worksheets that facilitators can use to engage learners, and (2) case studies, scenarios, and tools for team and experiential learning, including selected readings and video-taped insights for those less literate.

We hope the resource suite will stimulate governing body leaders of civil society organizations, ministry of health bodies (at national, provincial, district, and community levels), public hospitals, and of family planning, HIV and AIDS, malaria and TB project-focused governing bodies to consider enhancements to the structures, style, systems, and effectiveness of their governance models and governance work.

Trainer Goals

1. Introduce the Governance Resource Suite to the participants.
2. Guide participants on how to access it and use it, when it becomes available.

Participant Goals

1. Get to know the Governance Resource Suite and what is available in the suite.
2. Get to know how to access it and use it when it becomes available
3. Express any needs for other resource materials that will facilitate learning.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	1. Learning objectives 2. Introduction of the topic 3. Introduction of the	Governance Resources Suite

Time	Activity	Focus	Relevant materials for reference
		handouts /materials/ guide 4. Presentation on the topic	
15 minutes	2. Small group work session	Each group discusses what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness.	As above
25 minutes	3. Plenary discussion	A group makes a presentation to the other groups on what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether participants have reached the learning objectives.	As above

Required Reading

1. Guide for Continuous Governance Enhancement
(Available at <http://www.lmgforhealth.org/expertise/governing>)

Background Reading

1. Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust (Available at <http://www.americangovernance.com/resources/reports/brp/2009/brp-2009.pdf>)

Session Handouts

1. Contents of the Governance Resource Suite

2. Governance Resource Suite Utilization Planning Tool

Session outputs

1. Presentations by the groups on what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness.
2. Facilitator's notes on his or her assessment of the groups and whether the participants have achieved the learning objectives.

Contents of the Governance Resource Suite

<p>Five guides:</p> <ol style="list-style-type: none"> 1. Guide for Cultivating Accountability 2. Guide for Engaging Stakeholders 3. Guide for Setting a Shared Strategic Direction 4. Guide for Stewarding Resources 5. Guide for Continuous Governance Enhancement
<p>Facilitator Handbooks:</p> <p>Training handbooks facilitate the delivery of the contents of these guides to the leaders or the governing bodies who govern the ministries of health, public hospitals, provincial and district health systems, and health centers.</p>
<p>Reference Library (To be customized to the learning needs of the participants)</p> <p>Governing Practices:</p> <ol style="list-style-type: none"> 1. MSH eManager issue on “How to Govern Health Sector and Its Institutions Effectively” (available at http://www.lmgforhealth.org/expertise/governing) 2. Chapter 3 of MSH’s <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> 3. Targeted literature review on governance (available at http://www.lmgforhealth.org/expertise/governing) 4. Synthesis of the findings of the LMG survey and interviews on governing practices (available at http://www.lmgforhealth.org/expertise/governing) 5. Five strategies to govern decentralized health systems <p>Evidence of impact on governance*:</p> <ol style="list-style-type: none"> 1. Björkman and Svensson, 2009 2. Olafsdottir et al., 2011 3. Rajkumar and Swaroop, 2008 4. Maureen Lewis, 2006 5. Results of the LMG’s Pilot Study in 3 Provinces and 11 Districts of Afghanistan <p>Governance frameworks**:</p> <ol style="list-style-type: none"> 1. Governance for Health in 21st Century (WHO European Region) 2. Veillard et al. (Stewardship in health) 3. Siddiqi et al. 4. Mikkelsen-Lopez et al. (Governance from a health systems perspective) 5. Brinkerhoff and Bossert 6. IPPF Code of Good Governance 7. NHS Code and Guide for Good Governance <p>Gender in Governance:</p> <ol style="list-style-type: none"> 1. Gender in leadership, management, and governance 2. UN Publications on Gender in Governance <p>Governance of Medicines***:</p> <ol style="list-style-type: none"> 1. WHO Model GGM Framework 2012 2. WHO Medicines Transparency Assessment Instrument 3. Pharmaceutical Governance (Strengthening Pharmaceutical Systems)
<p>Learning Toolkit with a variety of tools, worksheets and templates:</p> <p>Sample Charter</p> <p>Ideal Competency Profile</p> <p>Role and Responsibilities of Chairperson of Governing Body</p> <p>Roles and Responsibilities of Chairpersons of Key Committees on Planning, Finance, Quality and</p>

Governance Enhancement
Roles and Responsibilities of Members
Sample Meeting Agendas
Sample Calendar of Meetings
Sample Self-Assessments
Sample Meeting Book
Tools on Stakeholder Engagement
Tools to Help Set the Strategic Direction

* Björkman M, Svensson J. 2009. Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda. *The Quarterly Journal of Economics*, **124**(2), pp. 735-769.

*Olafsdottir A, Reidpath D, Pokhrel S, Allotey P. 2011. Health systems performance in sub-Saharan Africa: governance, outcome and equity. *BMC Public Health*, **11**(1), pp. 237.

*Rajkumar AS, Swaroop V. 2008. Public spending and outcomes: Does governance matter? *Journal of Development Economics*, **86**(1), pp. 96-111.

** Veillard JHM, Brown AD, Bariş E, Permanand G, Klazinga NS. 2011. Health system stewardship of National Health Ministries in the WHO European region: Concepts, functions and assessment framework. *Health Policy*, **103**(2-3), pp. 191-199.

Siddiqi S, Masud TI, Nishtar S et al. 2009. Framework for assessing governance of the health system in developing countries: Gateway to good governance. *Health Policy*, **90(1), pp. 13-25.

Mikkelsen-Lopez I, Wyss K, De Savigny D. 2011. An approach to addressing governance from a health system framework perspective. *BMC International Health and Human Rights*, **11(1), pp. 13.

**Brinkerhoff DW, Bossert TJ. 2008. *Health Governance: Concepts, Experience and Programming Options. Submitted to the U.S. Agency for International Development. Washington, DC: Health Systems 20/20.*

*** Anello E. 2008. Elements of a framework for good governance in the public pharmaceutical sector. In: *A framework for good governance in the pharmaceutical sector. GGM model framework. Working draft for field testing and revision.* Geneva: World Health Organization Department of Essential Medicines and Pharmaceutical Policies, pp. 19-30. Online at: <http://www.who.int/medicines/areas/policy/goodgovernance/GGMframework09.pdf>, accessed 13 June 2012.

***Strengthening Pharmaceutical Systems (SPS). 2011. Pharmaceuticals and the Public Interest: The Importance of Good Governance. *Submitted to the U.S. Agency for International Development by the SPS Program.* Arlington, VA: Management Sciences for Health, pp. 7-16.

Governance Resource Suite Utilization Planning Tool

	Usefulness rating					How the participants intend to use the resource
	1	2	3	4	5	
Governance Training Handbooks						
For MOH Governance Leaders and Governing Bodies						
For Provincial Health System Leaders and Governing Bodies						
For District Health System Leaders and Governing Bodies						
For Hospital Governing Bodies						
For Health Center Governing Bodies						
Governance Guides						
On Cultivating Accountability						
On Engaging Stakeholders						
On Setting a Shared Strategic Direction						
On Stewarding Resources						
On Continuous Governance Enhancement						
Case studies and scenarios for team and experiential learning (to be developed)						
Reference Library that is continuously updated on trends and evidence of the value of effective governance						
Learning Toolkit with a variety of tools, worksheets, and templates that facilitators can use to engage learners, and participants can use in their governance work (to be developed)						
Sample Charter						
Ideal Competency Profile						
Role and Responsibilities of Chairperson of Governing Body						
Roles and Responsibilities of Chairpersons of Key Committees on Planning, Finance, Quality and Governance Enhancement						
Roles and Responsibilities of Members						
Sample Meeting Agendas						
Sample Calendar of Meetings						
Sample Self-Assessments						
Sample Meeting Book						
Tools on Stakeholder Engagement						
Tools to help Set The Strategic Direction						
Other Tools						

	Usefulness rating					How the participants intend to use the resource
Contact details of language and culture-sensitive mentors available to help mentor the participants						
Any other tools, worksheets, or templates that you suggest will be useful						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Session 2: Applying the Challenge Model

Good governance creates the conditions within which health managers are more likely to strengthen their health systems and organizational performance and therefore health providers and health workers are more likely to provide better health services and achieve greater health outcomes.

Session Design

During this session, participants will be introduced to definitions for governance and good governance, and the five practices of governance (cultivating accountability, engaging with stakeholders, setting a shared strategic direction, stewarding resources, and assessing and improving governance). They will outline their vision of good governance in light of their own organization's mission. They will then apply the Challenge Model to governance in their own setting. Based on their experience, they will assess their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenge, identify two to three strategic measures of organizational performance that their governing body wants to influence, and key priority actions they will undertake to overcome the obstacles.

Participants will increase their understanding of what frustrates and what facilitates good governance in their setting and also how to overcome the obstacles that come in the way of their governing well. They will be able to articulate their governance capacity building needs.

Trainer Goals

1. Help participants discuss, define and describe governance and good governance.
2. Introduce the five governing practices.
3. Help participants apply the Challenge Model to governance in their own setting, discuss their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenge, identify two to three strategic measures of organizational performance that their governing body wants to influence through the use of good governance, and pinpoint key priority actions they will take to overcome the obstacles.

Participant Goals

1. Discuss, define, and describe governance and good governance.
2. Discuss what is working, what is not working in your governance, and what could be done to improve it.
3. Apply the Challenge Model to governance in your own setting, discuss your current governance situation, identify obstacles and root causes that come in the way of your governing well, define your key governance challenge, identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance, and pinpoint key priority actions you will take to overcome the obstacles.

4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	<ul style="list-style-type: none"> ▶ Pages 1-4 of the eManager on “How to Govern Health Sector and Its Institutions Effectively” ▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> ▶ Challenge Model contained in the Guide for Setting a Shared Strategic Direction
20 minutes	2. Small group work session	<p>Prior to the Governance Academy, each group has applied the Challenge Model to governance in their own setting, discussed their current governance situation, identified obstacles and root causes that come in the way of their governing well, defined their key governance challenge, identified two to three strategic measures of organizational performance that their governing body wants to influence, and identified key priority actions they will take to overcome the obstacles. The groups recap the results of this exercise and prepare their group presentation.</p>	As above

Time	Activity	Focus	Relevant materials for reference
20 minutes	3. Plenary discussion	A group makes a presentation to the other group on their current governance situation, obstacles and root causes of less than the best possible governance of their organization, their key governance challenge, two to three strategic measures of organizational performance that their governing body wants to influence, and key priority actions they will take to overcome the obstacles. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether participants have achieved the learning objectives.	As above

Required Reading

1. Challenge Model contained in the Guide for Setting a Shared Strategic Direction
2. Pages 1-4 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Background Reading

1. Governance Chapter of *Health Systems in Action: An eHandbook for Leaders and Managers*

Session Handouts

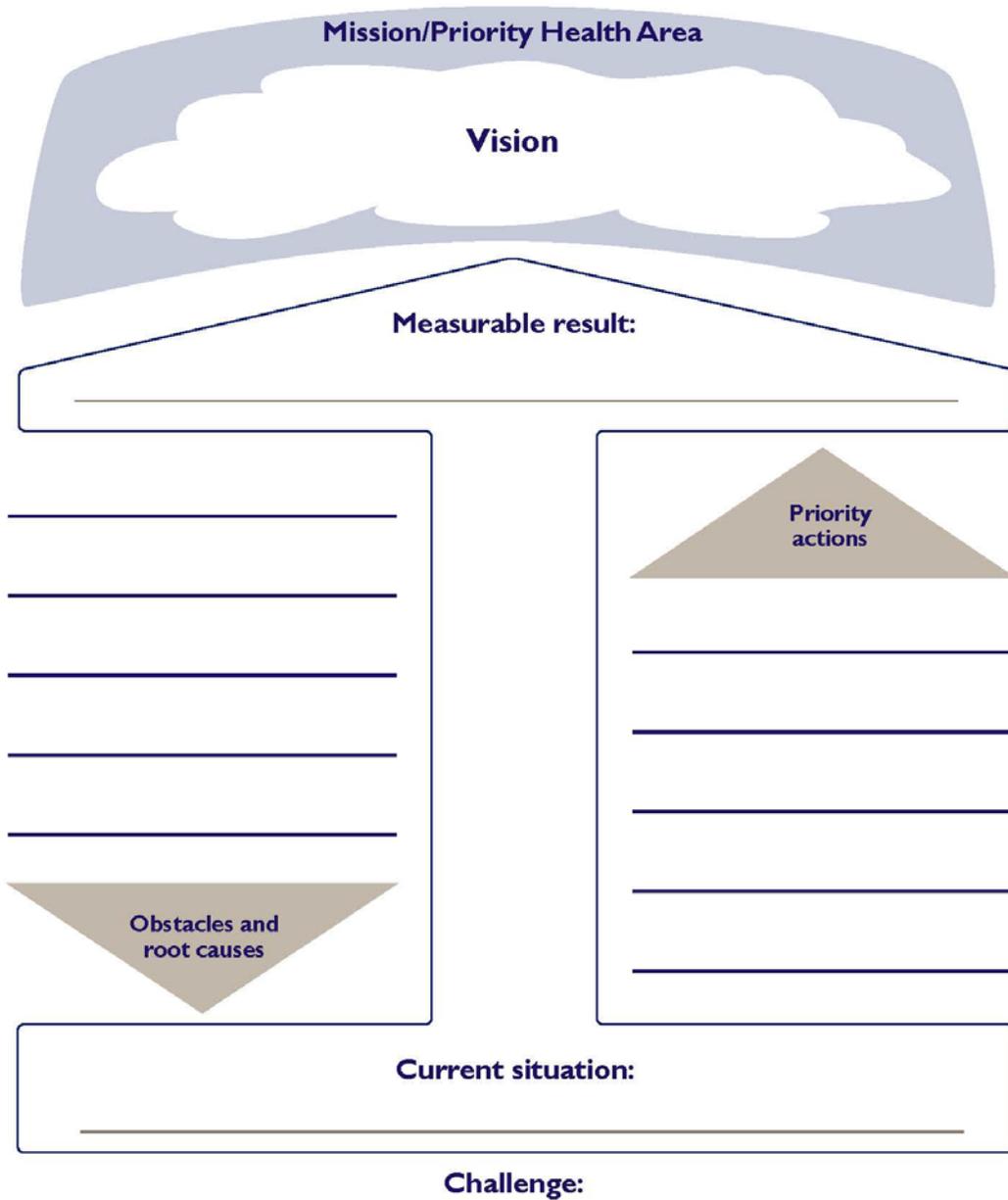
1. Relevant sections of the eManager
2. Section on the Challenge Model contained in the Guide for Setting a Shared Strategic Direction
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their governance challenges and key priority actions.
2. Facilitator's notes on his or her assessment of the groups and whether the participants have achieved the learning objectives.

Applying Challenge Model to Governance Challenges

Challenge Model



(How will we achieve our desired result in light of the obstacles we need to overcome?)



Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric / rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 3: Reviewing roles and responsibilities of a governing body

Session Design

The participants will remember the five responsibilities of the governing body that were mentioned in their invitation letter.

1. Bring needs of beneficiaries in to the plans and work of the organization.
2. Advocate for the needs of the organization to resource stakeholders.
3. Support management to develop service quality.
4. Support management to develop the economic vitality of the organization.
5. Help management to protect and achieve the mission of the organization.

During this session, participants will be introduced to the expanded set of twelve key governing body responsibilities.

1. Determine the organization's mission and purpose
2. Select the executive director
3. Support the executive and evaluate the executive director's performance
4. Set a strategic direction and ensure effective organizational planning
5. Ensure adequate resources and sustainability of the services the organization provides
6. Manage resources effectively and provide financial oversight
7. Strengthen and oversee the organization's programs and services
8. Enhance the organization's public image
9. Nurture relationships with the communities and stakeholders
10. Establish a culture of openness and transparency, accountability, ethical and moral integrity, inclusiveness and participation, responsiveness, and patient safety in the organization
11. Establish a culture of measuring and reporting performance, and pursuit of efficiency and sustainability in the organization
12. Assess and enhance its own performance

Participants will refer to their own roles and responsibilities and discuss how they compare with these twelve roles and responsibilities. Participants will increase their understanding of the basic governance roles and responsibilities of a governing body.

Trainer Goals

1. Introduce twelve key roles and responsibilities of a governing body to the participants.
2. Help participants compare their own roles and responsibilities with these twelve roles and responsibilities.
3. Help participants identify, discuss, describe, and internalize key governance responsibilities.

Participant Goals

1. Get to know twelve key roles and responsibilities of a governing body.

2. Compare your own roles and responsibilities with these twelve roles and responsibilities.
3. Identify, discuss, describe, and internalize key governance responsibilities.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	<ul style="list-style-type: none"> ▶ BoardSource: Ten Basic Responsibilities of Nonprofit Boards ▶ BoardSource: Board Fundamentals - Understanding Roles in Nonprofit Governance ▶ Terms of Reference (ToR) or roles and responsibilities of the governing bodies of which participants are the members
20 minutes	2. Small group work session	Each group refers to its own responsibilities and discusses how they compare with the twelve basic responsibilities. Each group also discusses the roles and responsibilities that are not expressly mentioned in their ToR but need to be fulfilled to achieve the organization's mission, keeping in view the list of twelve basic responsibilities.	As above
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their current roles and responsibilities and those that are not expressly mentioned in their ToR but need to be fulfilled to achieve the organization's mission. Questions	As above

Time	Activity	Focus	Relevant materials for reference
		and answers follow. The other groups go through the same sequence of activities.	
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether participants have achieved the learning objectives.	As above

Required Reading

1. BoardSource: Ten Basic Responsibilities of Nonprofit Boards

Background Reading

1. BoardSource: Board Fundamentals - Understanding Roles in Nonprofit Governance

Session Handouts

1. Roles and responsibilities of the governing bodies where participants are the members (Note: The participants should bring along a copy of their governing role and responsibilities.)
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their key governance roles and responsibilities.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 4: Cultivating accountability

Session Design

During this session, participants will discuss, define, and describe the first effective governing practice, i.e., cultivating accountability. Based on their experience and from their review of the Guide for Cultivating Accountability, they will recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how best to cultivate accountability, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the first effective governing practice, i.e., cultivating accountability, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to cultivate accountability in their district health office and health system.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to cultivate accountability, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Explanation of why this practice is important to good governance	<ul style="list-style-type: none">▶ Pages 1-7 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for</i>

Time	Activity	Focus	Relevant materials for reference
			<i>Leaders and Managers</i> ► Guide for Cultivating Accountability
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the first effective governing practice, i.e., cultivating accountability, and its enablers and foundational principles. Participants also discuss benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will cultivate accountability in their district health office and health system, i.e., what specific actions should be taken by them as the district health system governing body and district health system management. Participants also discuss what actions and behaviors they should avoid.	Participants should have the <i>Guide for Cultivating Accountability</i> handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also the pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other group on what specific actions they will take as a district health system governing body and as senior management to cultivate accountability in their district health office and health system. Questions and answers and discussion follow. The other groups go through the same	As above

Time	Activity	Focus	Relevant materials for reference
		sequence of activities.	
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is cultivating accountability? 2. What are its enablers and foundational principles? 3. What will you do to cultivate accountability? 	As above

Required Reading

1. Guide for cultivating accountability
(Available at <http://www.imgforhealth.org/expertise/governing>)

Background Reading

1. Pages 1-7 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Session Handouts

1. Pages 1-7 in the eManager
2. Guide for Cultivating Accountability
3. Simplified performance self-assessment form for a governing body or staff member on how he or she is performing on cultivating accountability
4. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to cultivate accountability.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a governing body or staff member on how he or she is performing on cultivating accountability

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are cultivating personal accountability, which is a first step in improving internal and external accountability of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on openness, transparency, and accountability. You should periodically measure your practice of cultivating personal accountability.

Please read the following measurement scale and circle the number that you think best expresses your attitudes and behavior. Please circle only one number per statement.

1. I demonstrate consistency in my public and private behavior.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2. I openly listen when people offer perspectives that are different from my own.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

3. I explain the reasons for my decisions, for example, I explain to stakeholders why a particular action was or was not taken.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

4. I interact openly and candidly with stakeholders and I answer questions from stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

5. I make records accessible to stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

6. I demonstrate a sense of obligation to stakeholders when making decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

7. I avoid blaming others for mistakes, and I openly admit my mistakes to stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

8. I am willing to face the truth, even when it goes against me or what I think.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

9. I accept responsibility for the future direction and accomplishments of my district health office and health system.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

10. I accept ownership for the results of my decisions and actions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

11. I look at myself first when my district health system's results are disappointing.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

12. I welcome constructive feedback of my actions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Scoring

- ❖ The maximum score that can be earned is 120.
- ❖ Score of 108 and above: indicates outstanding open, transparent, and accountable attitude and behaviors.
- ❖ Score of 61-107: indicates that you meet most requirements.
- ❖ Score of 24-60: indicates that you need to improve.
- ❖ Score below 24: indicates unsatisfactory openness, transparency, and accountability.

The participants should try to adopt open, transparent, and accountable behaviors and use this instrument every quarter or every six months to test whether they are improving their personal accountability scores.

End-of-the-First-Day Evaluation of Sessions

The participants will evaluate the four sessions conducted during the day using a short questionnaire. In addition to the written feedback, the facilitator will give participants an opportunity to provide oral feedback.

Sessions 1 through 4 Evaluation Form

(Participants should not hesitate to give positive feedback and should not withhold negative feedback. Feedback on what will be important for improving these sessions for future audiences is especially welcome.)

1. *Did sessions 1 to 4 meet the learning objectives and did they meet your needs? Please explain.*

2. *What did you find was the most valuable part of these four sessions? What part was not of much use? Please explain why. We appreciate any other specific comments on the content of the four sessions.*

3. *Please provide specific comments on the structure of the sessions, mode of delivery of the sessions, their pace, structure of group exercises, reference and reading materials /handouts/guides/handbooks, etc.*

Session 5: Engaging stakeholders

Session Design

During this session, participants will discuss, define, and describe the second effective governing practice, i.e., engaging stakeholders. Based on their experience and their review of the eManager and the Guide for Engaging Stakeholders, they will be able to recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how best to engage with stakeholders in order to collaborate and coordinate with them, i.e., what specific actions should be taken to put this practice into operation. They will also increase their understanding of how to assess themselves in respect of this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the second effective governing practice, i.e., engaging stakeholders, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to engage with stakeholders and coordinate and collaborate with them.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to engage with stakeholders of your district health office and health system and coordinate and collaborate with them, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Explanation of why this practice is important to good governance. 	<ul style="list-style-type: none"> ▶ Pages 7-12 of the eManager on “How to Govern Health Sector and Its Institutions Effectively” ▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> ▶ Guide for Engaging Stakeholders ▶ Pages 195-197 of the MSH publication, <i>Managers Who Lead: A Handbook for Improving Health Services</i> on strategies for successful stakeholder engagement
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the second effective governing practice, i.e., engaging with stakeholders, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies who are the stakeholders of their district health office and health system and actions and behaviors they	Participants should have the Guide for Engaging Stakeholders handy for reference during

Time	Activity	Focus	Relevant materials for reference
		will adopt to engage with them, i.e., what specific actions they will take as a district health system governing body and senior management to coordinate and collaborate with them. Participants also discuss what actions and behaviors they should avoid.	the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions should be taken by them as a district health system governing body and senior management to engage with stakeholders of the district health system. Questions and answers and discussion follow. The other groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is engaging with stakeholders? 2. What are its enablers and foundational principles? 3. What will you do to engage with stakeholders? 	As above

Required Reading

1. Guide for Engaging Stakeholders
(Available at <http://www.imgforhealth.org/expertise/governing>)

Background Reading

1. Pages 7-12 of the eManager on “How to Govern Health Sector and Its Institutions Effectively”

Session Handouts

1. Pages 7-12 in the eManager
2. Guide for Engaging Stakeholders
3. Relevant sections (Chapters 1 and 2, and pages 195-197) of the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services* on strategies for successful stakeholder engagement
4. Simplified performance self-assessment form for a district health system governing body member or a district health office staff member on how he or she is performing on engaging with stakeholders
5. Facilitator’s Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to engage with stakeholders.
2. Facilitator’s notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a district health system governing body member or a district health office staff member on how he or she is performing on engaging with stakeholders

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are engaging with stakeholders of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on stakeholder engagement. You should periodically measure your practice of stakeholder engagement.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Effective governing action	Performance
1.	I include those who are affected by my decision or their representatives in my decision-making process.	
2.	I consider the concerns of the poor and vulnerable people when making a decision.	
3.	I collaborate with people from sectors outside health to achieve better health outcomes for the people I serve.	
4.	I collaborate with private sector organizations to achieve better health outcomes for the people I serve.	
5.	I collaborate with civil society organizations and nongovernment organizations to achieve better health outcomes for the people.	
6.	I collaborate with different levels of decision-making structures—national, provincial, district and community—to achieve better health outcomes for the people.	
7.	I encourage the sharing of ideas to achieve better health outcomes for the people.	
8.	I ensure participation of key stakeholders in decision making.	
9.	I give youth or their representatives a place in formal decision-making structures.	
10.	I give women or their representatives a place in formal decision-making structures.	
11.	I consider the different needs of men and women before making my decisions.	

#	Effective governing action	Performance
12.	The decisions I make on average are responsive to different needs of men and women.	
13.	I consider the implications of a decision on women as users of health services before I make the decision.	
14.	I consider the implications of a decision on women health workers before I make the decision.	
15.	I consult women in senior management and governance positions and women health workers before making a decision.	
16.	I consider gender-disaggregated evidence before making a decision.	
17.	My decisions do not adversely affect women or their health.	
18.	My decisions give autonomy to women to make a decision concerning themselves, their health, or their fertility.	
19.	My decisions on average reduce gender inequalities.	
20.	My decisions on average are fair to women and promote gender equity.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding stakeholder engagement attitude and behaviors.
- ❖ Score of 31-53: indicates you meet most requirements.
- ❖ Score of 12-30: indicates you need to improve.
- ❖ Score below 12: indicates unsatisfactory stakeholder engagement attitude and behaviors.

The participants should try to adopt stakeholder engagement behaviors and use this instrument every quarter or every six months to test whether they are improving their personal stakeholder engagement scores.

Session 6: Setting a shared strategic direction

Session Design

During this session, participants will discuss, define, and describe the third effective governing practice, i.e., setting a shared strategic direction. Based on their experience, and from their review of the eManager and the Guide for Setting a Shared Strategic Direction, they will be able to recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how to set a shared strategic direction, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will also increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the third effective governing practice, i.e., setting a shared strategic direction, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to set a shared strategic direction.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to set a shared strategic direction for your hospital, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Explanation of why this practice is important to good governance.	<ul style="list-style-type: none">▶ Pages 13-14 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for</i>

Time	Activity	Focus	Relevant materials for reference
			<i>Leaders and Managers</i> ► Guide for Setting a Shared Strategic Direction
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the third effective governing practice, i.e., setting a shared strategic direction, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will set a shared strategic direction in their district health office and health system, i.e., what specific actions should be taken by them as a district health system governing body and district health office staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Setting a Strategic Direction handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions they will take as a district health system governing body and district health office staff to set a shared strategic direction in their district health system. Questions and answers and discussion follow. The other groups go through the same	As above

Time	Activity	Focus	Relevant materials for reference
		sequence of activities.	
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is setting a shared strategic direction? 2. What are its enablers and foundational principles? 3. What will you do to set a shared strategic direction? 	As above

Required Reading

1. Guide for Setting a Shared Strategic Direction
(Available at <http://www.lmgforhealth.org/expertise/governing>)

Background Reading

2. Pages 13-14 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Session Handouts

1. Pages 13-14 in the eManager
2. Guide for Setting a Shared Strategic Direction
3. Relevant sections (Chapters 1, 2 and 3) of the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services*
4. Simplified performance self-assessment form for a district health system governing body member or a district health office staff member on how he or she is performing on setting a shared strategic direction
5. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to set a shared strategic direction.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a district health system governing body member or a district health office staff member on how he or she is performing on setting a shared strategic direction

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are setting a shared strategic direction for the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on strategic direction setting. You should periodically measure your practice of setting a shared strategic direction.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Effective governing action	Performance
1.	I scan the internal and external environment for strengths, weaknesses, opportunities, and threats to the health of the people I serve.	
2.	I focus my work and the work of my governing body on achieving better health outcomes for people I serve.	
3.	I mobilize human, material and financial resources and align them to achieve better health outcomes for people I serve.	
4.	I inspire my governing body to work for better health outcomes for people I serve.	
5.	I have contributed in developing a mission and purpose statement for my governing body, working with other members.	
6.	To determine the future strategic direction, I have contributed in developing the vision of my governing body.	
7.	I have considered the people’s needs and concerns in defining this vision or strategic direction.	
8.	I have contributed in documenting and widely disseminating this collective vision.	
9.	I have contributed in developing an action plan with measurable goals for realizing this vision.	
10.	I have contributed in setting up accountability mechanism for achieving the goals in order to reach this vision or strategic direction.	
11.	I motivate my governing body colleagues to work to achieve our collective	

#	Effective governing action	Performance
	vision.	
12.	I motivate other stakeholders to work to achieve the collective vision.	
13.	I advocate for our collective vision at different levels of governance, in sectors outside of health, and in other venues.	
14.	I observe, check, and keep a continuous record of what is going on in terms of implementation of the action plan for realizing the collective vision.	
15.	I contributed in monitoring and reflecting on progress against the action plan.	
16.	I provide feedback to my stakeholders on progress made in the implementation of this action plan.	
17.	I involve stakeholders in the measurement of results.	
18.	I, working with my governing body members, assess the results, what worked and what went wrong, and identify changes needed to be made.	
19.	I use information and evidence while doing much of what is stated above.	
20.	I use modern technology to facilitate much of what is stated above.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding strategic direction setting behaviors.
- ❖ Score of 31-53: indicates that you meet most requirements.
- ❖ Score of 12-30: indicates that you need to improve.
- ❖ Score below 12: indicates unsatisfactory strategic direction setting behaviors.

The participants should try to adopt strategic direction setting behaviors and use this instrument every quarter or every six months to test whether they are improving their strategic direction setting scores.

Session 7: Stewarding resources

Session Design

During this session, participants will discuss, define, and describe the fourth effective governing practice, i.e., stewarding resources. Based on their experience, and their review of the eManager and the Guide for Stewarding Resources, they will recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how to steward resources, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will also increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the fourth effective governing practice, i.e., stewarding resources, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to steward resources.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to steward resources in your district health office and health system, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Explanation of why this practice is important to good governance.	<ul style="list-style-type: none">▶ Pages 15-21 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i>

Time	Activity	Focus	Relevant materials for reference
			► Guide for Stewarding Resources
10 minutes	2. Individual self-assessment	Each participant reviews and completes self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the fourth effective governing practice, i.e., stewarding resources, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will steward resources in their district health office and health system, i.e., what specific actions they should take as a district health system governing body and district health office staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Stewarding Resources handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions they will take as the district health system governing body and the district health office staff to steward resources in their district health office and health system. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the	Facilitator makes his or her assessment of the groups and	As above

Time	Activity	Focus	Relevant materials for reference
	conclusion	<p>makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions:</p> <ol style="list-style-type: none"> 1. What is stewarding resources? 2. What are its enablers and foundational principles? 3. What will you do to steward resources? 	

Required Reading

1. Guide for Stewarding Resources
(Available at <http://www.imgforhealth.org/expertise/governing>)

Background Reading

1. Pages 15-21 of the eManager on “How to Govern Health Sector and Its Institutions Effectively”

Session Handouts

1. Pages 15-21 in the eManager
2. Guide for Stewarding Resources
3. Simplified performance self-assessment form for a district health system governing body member or a district health office staff member on how he or she is performing on stewarding resources
4. Facilitator’s Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to steward resources.
2. Facilitator’s notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a district health system governing body member or a district health office staff member on how he or she is performing on stewarding resources

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are stewarding the resources of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on resource stewardship. You should periodically measure your practice of stewardship.

Please read the following measurement scale and circle the number that you think best expresses your attitudes and behavior. Please circle only one number per question.

1. I make sure that my actions are always ethical.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2. I can be trusted to serve the interests of the public rather than my own personal interests.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

3. I do what I say.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

4. I can be believed and relied upon to keep my word.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

5. I allow people affected by my decisions to exercise influence on these decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

6. I am willing to reconsider my decisions on the basis of recommendations by those who are affected by my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

7. I allow others to participate in decision making.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

8. I use my time well.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

9. I use others' time well.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

10. I try to produce a specific result effectively with a minimum of waste.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

11. I try to produce results or create systems that will endure and be sustained in the future.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

12. I periodically measure my own performance.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

13. I periodically measure the performance of my governing body.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

14. I use data and information to arrive at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

15. I use evidence to arrive at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

16. I use technology to facilitate at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Scoring

- ❖ The maximum score that can be earned is 160.

- ❖ Score of 144 and above: indicates outstanding stewardship attitude and behaviors.
- ❖ Score of 81-143: indicates that you meet most requirements.
- ❖ Score of 32-80: indicates that you need to improve.
- ❖ Score below 32: indicates unsatisfactory stewardship attitude and behaviors.

The participants should try to adopt stewardship behaviors and use this instrument every quarter or every six months to test whether they are improving their stewardship scores.

Session 8: Assessing and enhancing governance

Governance needs to be dynamic because the context for the organization is dynamic. A good governing body develops an intentional and purposeful design for its structure and decision-making processes. Effective governing bodies continuously challenge themselves to assess their work and continuously improve their structures, systems, processes, style, and competencies.

Session Design

During this session, participants will discuss the fifth and final effective governing practice, i.e., assessing and enhancing governance. Based on their experience, and their review of the Guide for Continuous governance Enhancement, they will be able to recall the principles and techniques of this governing practice. Participants will get an opportunity to brainstorm and clarify how to assess and enhance governance, i.e., what specific actions should be taken to put this practice into operation in their own setting. Sample governance assessment tools are provided.

Trainer Goals

1. Help participants discuss and describe the final effective governing practice—the value of assessing and enhancing governance in a manner that encourages continuous governance process improvement.
2. Help participants brainstorm and clarify how best to assess and enhance governance.
3. Increase participants' understanding of the various governance assessments and self-assessment tools and processes.

Participant Goals

1. Describe this effective governing practice.
2. Recall and discuss the foundational principles of this practice.
3. Understand the benefits of good self-assessments, and the risks of poor or infrequent self-assessments.
4. Brainstorm and clarify how to periodically assess and continuously enhance governance of your district health office and health system, i.e., what specific actions should be taken to put it into practice?
5. Review a collective self-assessment of this practice.
6. Review various governance assessments and self-assessment tools and processes.
7. Brainstorm and adapt governance assessments your governing body will use in your district health office and health system.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Explanation of why this practice is important to good governance. 	► Guide for Continuous Governance Enhancement
10 minutes	2. Individual self-assessment	Each participant reviews and completes the simplified governance self-assessment.	As above
10 minutes	3. Small group work session	Each group discusses the fifth effective governing practice, i.e., assessing and enhancing governance, and its foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies how to assess and enhance governance in their district health office and health system, i.e., what specific actions they should take as the district health system governing body and the district health office staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Continuous Governance Enhancement handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions should be taken by them as a district health system governing body and the district health office staff to assess and enhance governance in their	As above

Time	Activity	Focus	Relevant materials for reference
		district health office and health system. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is meant by assessing and continuously improving governance? 2. What are foundational principles of this governing practice? 3. What will you do to periodically assess and continuously improve governance in your institution? 	As above

Required Reading

1. Guide for Continuous Governance Enhancement
(Available at <http://www.imgforhealth.org/expertise/governing>)

Session Handouts

1. Guide for Continuous Governance Enhancement
2. Different governance assessments and self-assessments
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to assess and enhance governance.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1	Whether the group a) has achieved learning objectives, and b) can answer the central questions?	40	
2	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3	Mastery of material Ability to answer questions	20	
4	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a district health system governing body member or a district health office staff member on how their governing body is assessing and enhancing governance

Instruction for facilitator: Using this instrument, the participants will assess how well their governing body is periodically assessing and continuously improving governance of the organization. This short form allows the participants to think about and assess the degree to which their governing body is applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on continuous governance enhancement. You should periodically measure your practice of continuous governance enhancement.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Action	Performance
1.	Specific governing competencies are identified and documented for our governing body members and senior managers.	
2.	We have a diversity statement for our governing body and management to follow.	
3.	Our organization is committed to achieving diversity in governance and management leadership.	
4.	Our organization has a formal program for ongoing education of governing body members.	
5.	Our governing body uses competency-based criteria when selecting new members.	
6.	New governing body members receive a thorough orientation before they join the governing body.	
7.	Our governing body does periodic assessments of its performance.	
8.	Our governing body uses the results from the self-assessment process to establish its performance improvement goals.	
9.	Our governing body assesses performance of the chief executive on a regular basis.	
10.	Our governing body meetings are productive.	
11.	Time and talent of our governing body members are effectively used.	
12.	Our governing body holds a retreat once a year to reflect on its past performance and plan for improvements in future performance.	
13.	Our governing body has bylaws and governance policies.	

#	Action	Performance
14.	We have a conflict of interest policy for the governing body and the staff.	
15.	We have a code of ethics and conduct for the governing body and the staff.	
16.	We do district health office and health system workforce satisfaction survey on a regular basis.	
17.	We do patient satisfaction assessment on a regular basis.	
18.	Our governing body is responsive to concerns of health service users.	
19.	Our governing body is responsive to concerns of staff and health workers.	
20.	Our governing body uses information, evidence, and technology for enhancing its governance performance.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding governance enhancement behaviors.
- ❖ Score of 31-53: indicates that your governing body meets most requirements.
- ❖ Score of 12-30: indicates that your governing body needs to improve.
- ❖ Score below 12: indicates unsatisfactory governance enhancement attitude and behaviors.

The participants should try to adopt continuous governance enhancement behaviors and use this instrument every quarter or every six months to test whether they are improving their governance enhancement scores.

Health governance self-assessment tool for district health system governing body: Sample 1

This self-assessment tool is a sample tool for use by a governing body that oversees a district health office and health system, based on its roles and responsibilities.

The governing body assesses its own performance on a scale of 0 to 10, where 0 represents the worst performance and 10 represents the best performance on a given responsibility of the governing body. Opportunities are external factors in the environment that may improve performance and threats are external elements in the environment that could cause trouble, whereas strengths and weaknesses are internal to the governing body.

#	Governance Responsibility	Internal		External		Performance on a scale of 0 to 10
		Strengths	Weaknesses	Opportunities	Threats	
1.	Establish a culture of openness and transparency, accountability, ethical and moral integrity, inclusiveness and participation, responsiveness, and patient safety in the organization.					
2.	Establish a culture of measuring and reporting performance, and pursuit of efficiency and sustainability in the organization.					
3.	Setting strategic direction for three to five years and strategic planning based on the strategic direction.					
4.	Determine the organization's mission and purpose.					
5.	Support the achievement of health outcomes, responsiveness and patient satisfaction, and patient safety.					
6.	Nurture relationships with the communities and the people served.					
7.	Stewardship of scarce resources					
	a. Ethical and the best use of available resources for the achievement of health outcomes for the people served.					
	b. Providing vision and direction for the district health office and health system.					
	c. Exerting influence across different sectors for achieving the best health outcomes for the population in the catchment area.					
	d. Collecting and using information and evidence on district health office and health system performance in order to ensure accountability and transparency.					
8.	Ensure adequate financial resources.					
9.	Provide financial oversight.					
10.	Performance monitoring and supporting high performance.					
11.	Strengthen and oversee the organization's programs and services.					

#	Governance Responsibility	Internal		External		Performance on a scale of 0 to 10
		Strengths	Weaknesses	Opportunities	Threats	
12.	Continuous improvement of the functioning of the governing body.					
13.	Building a competent governing body.					
14.	Select the executive director.					
15.	Support the executive and evaluate the executive director's performance.					
16.	Enhance the organization's public image.					
17.	Any other responsibility the governing body fulfills.					

Scoring criteria

Maximum score that can be earned is 200.
 Score of 150 and above: outstanding governance.
 Score of 100-149: meets most requirements.
 Score of 50-99: needs improvement.
 Score below 50: unsatisfactory governance.

Health governance self-assessment tool for district health system governing body: Sample 2

This is another self-assessment sample for use by a district health system governing body, based on governance standards.

Scoring guide	
No activity	0% or absolutely no activity.
Minimal activity	Greater than zero, but no more than 25% of the activity described in the standard is met.
Moderate activity	Greater than 25%, but no more than 50% of the activity described in the standard is met.
Significant activity	Greater than 50%, but no more than 75% of the activity described in the standard is met.
Optimal activity	Greater than 75% of the activity described in the standard is met.

#	Governance Standard	0%	1-25%	26-50%	51-75%	76-100%
A. Oversight for health situation and trend assessment						
1.	Facilitates access to appropriate resources for community health status monitoring, and mobilizes resources and support for the surveys.					
2.	Promotes broad-based participation and coordination among all entities active in collecting, analyzing, and disseminating community health status data.					
3.	Provides oversight and support for community health status monitoring efforts.					
4.	Guides improvements in the health status monitoring efforts.					
B. Oversight of monitoring and evaluation of health services						
1.	Facilitates access to the necessary resources to conduct periodic monitoring and evaluations.					
2.	The governing body itself evaluates the health services.					
3.	Makes sure that regular supportive supervision, monitoring and evaluation of health services takes place.					
4.	Encourages all relevant stakeholders to provide input into monitoring and evaluation processes.					
5.	Reviews evaluation results and utilizes these results to improve health service performance.					
C. Oversight for data and information management						
1.	Facilitates access to appropriate resources for data and information management.					
2.	Promotes broad-based participation and coordination among all entities active in data and information management tasks.					
3.	Reviews data and information management on a quarterly basis, and provides oversight and support for data and information management efforts.					
4.	Guides improvements in the overall data and information management.					
D. Oversight for health service delivery						
1.	Aligns the public and nongovernment organizations and the private sector responsible for delivery of health services.					
2.	Allows community monitoring of the delivery of health services.					
3.	Facilitates community input in problem identification and problem solving.					
4.	Conducts periodic reviews of health service delivery with special attention to services for vulnerable populations.					
E. Oversight of coordination, communication and inter-sectoral collaboration activities						
1.	Facilitates access to resources for coordination, communication, and inter-sectoral collaboration activities.					

#	Governance Standard	0%	1-25%	26-50%	51-75%	76-100%
2.	Establishes and oversees the implementation of policies to support activities to inform, educate, and empower people about health issues, and reviews these activities in light of community needs.					
3.	Makes sure that all population subgroups have an opportunity to provide input on health issues and health services.					
4.	Exerts influence across sectors to protect and promote the health of the community.					
F.	Supporting health service delivery					
1.	Ensures that the organization is providing quality health services through joint visits, assessment of the quality of service, and assistance in staff recruitment and training.					
2.	Encourages staff and health workers to articulate their issues in a timely manner.					
3.	Mobilizes community support for the organization.					
4.	Supports delivery of quality services to vulnerable populations.					
G.	Oversight of health resource management					
1.	Establishes and oversees the implementation of policies designed to assure efficient and effective use of physical, financial, and human resources and medicines and supplies.					
2.	Establishes and oversees the implementation of policies designed to assure improvements in workforce, management, and leadership quality.					
3.	Facilitates access to resources for workforce training, leadership development, and continuing education.					
4.	Provides for the training and continuing education of the governing body.					
5.	Assists in mobilizing resources for the health system and for health services.					
H.	Oversight of preventive and clinical services, environmental health services, and forensic medicine services					
1.	Oversees and supports the delivery of preventive and clinical services, environmental health services, and forensic medicine services.					
2.	Facilitates community monitoring of the delivery of these services.					
3.	Encourages community input into the delivery of these services.					
4.	Ensures transparency, accountability, and ethical and moral integrity in the provision of these services.					
I.	Oversight of strategic and annual planning					
1.	Maintains and annually reviews documentation of the mission statement.					
2.	Assesses and advocates for adequate resources for planning.					
3.	Supports planning for improvement in health of the population and works to strategically align with the community.					
4.	Oversees the implementation of the strategic and annual plans.					
J.	Oversight of management of health emergencies					
1.	Supports planning for emergency response and works to strategically align community resources for this purpose.					
2.	Facilitates access to appropriate resources for management of health emergencies.					
3.	Promotes broad-based participation and coordination among all entities active in the management of health emergencies.					
4.	Provides oversight and support for the management of health emergencies.					
K.	Nurturing community relationships and involvement					
1.	Ascertains people's preferences, needs, problems, challenges, and issues in health service delivery.					
2.	Mobilizes community input in the planning and implementation of health services.					
3.	Mobilizes community input in monitoring, evaluation, and ensuring accountability in health service delivery.					
4.	Provides relevant feedback to its stakeholders and the communities in the catchment area.					

Session 9: Promoting competency-based governance

Session Design

During this session, participants will be introduced to key governing competencies, i.e., the capabilities, knowledge, and skills required to effectively discharge governance roles and responsibilities.

Personal capabilities	Knowledge and skills
<ol style="list-style-type: none"> 1. Accountability 2. Achievement orientation 3. Leading change 4. Collaboration 5. Community orientation 6. Impact and influence 7. Information seeking 8. Innovative thinking 9. Managing complexity 10. Organizational awareness 11. Professionalism 12. Relationship building 13. Strategic orientation 14. Talent development 15. Team leadership 	<ol style="list-style-type: none"> 1. Health care service delivery and performance 2. Health professional education, training, and practice 3. Business and finance 4. Human resources 5. Senior management experience

(Source: Center for Healthcare Governance. 2010. *Competency-Based Governance: A Foundation for Board and Organizational Effectiveness*. American Hospital Association, Health Research & Educational Trust, and Hospira. Chicago, IL.)

These core competencies constitute a mix of skills that a governing body requires its members to collectively possess . This mix of competencies is often referred to as a “competency matrix.” Ideally, an individual possesses at least one of these core competencies to be considered for appointment as a governing body member. These competencies can be developed through member training and professional development.

Effective governance by a governing body depends on the membership having an appropriate combination of competencies (skills and experience) and personal attributes (behavior and attitude) to support the organization’s mission, and ability to work together as a highly motivated team.

During this session, participants will refer to the skills profile of their own governing body and discuss how it compares with the matrix above of twenty core governance competencies. Participants will increase their understanding of the basic governing competencies needed in a governing body to govern well.

Trainer Goals

1. Introduce the twenty key governing competencies to the participants.
2. Help participants review the skills profile of their own governing body and discuss how it compares with the competency matrix of twenty core governing competencies.
3. Help participants identify, discuss, and describe key governing competencies required to govern well in their own setting.

Participant Goals

1. Get to know the twenty key competencies of a governing body.
2. Compare the skills profile of your governing body and discuss how it compares with the competency matrix of twenty core competencies.
3. Identify, discuss, and describe key governing competencies required to govern well in your own setting.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Presentation on the topic	<ul style="list-style-type: none">▶ Guide for Continuous Governance Enhancement▶ Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust
15 minutes	2. Small group work session	Each group reviews the skills profile of their own governing body and discusses how it compares with the competency matrix of twenty core competencies. The group discusses competency gaps and	As above

Time	Activity	Focus	Relevant materials for reference
		other competencies needed to govern well and fulfill the organization's mission.	
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their governing competencies, competency gaps, and other competencies needed to govern well and fulfill the organization's mission. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants have achieved the learning objectives identified above.	As above

Required Reading

1. Guide for Continuous Governance Enhancement

Background Reading

1. Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust

Session Handouts

1. Governance Competency Mapping Tool
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on key governing competencies in their governing body.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives.

Competency Mapping Tool

*Information on age, gender, race/ethnicity, and number of years on the governing body is not related to governing competency. It is included to document diversity in the governing body.

	Current Members							Prospective Members				
	1	2	3	4	5	6	7	A	B	C	D	E
Age*												
19-34												
35-60												
51-65												
Over 65												
Gender*												
Male												
Female												
Race/Ethnicity*												
Number of years on the governing body*												
Personal competencies												
Accountability												
Achievement orientation												
Leading change												
Collaboration												
Community orientation												
Impact and influence												
Information seeking												
Innovative thinking												
Managing complexity												
Organizational awareness												
Professionalism												
Relationship building												
Strategic orientation												
Talent development												
Team leadership												
Knowledge and skills												
Health care service delivery and performance												
Health professional education, training, and practice												
Business and finance												
Human resources												
Senior management experience												
Other competencies												

	Current Members							Prospective Members						

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 10: Establishing infrastructure for effective governance

Governance infrastructure consists of people who govern, governance structures (governing body, committees, etc.), governance policies, governing body meetings, governance relationships, governance information system and the technologies that support them. The table below gives examples.

Governance Infrastructure					
People	Structures	Policies	Effective meetings	Relationships	Governance technologies
Members of the governing body with governing competencies needed to fulfill the organization's mission	Governing body, its committees, advisory bodies, and task forces	e. g., oversight, ethics, and conflict of interest; clear roles and responsibilities; term limits; orientation and education of members; governing body self-assessments	<ul style="list-style-type: none"> • Calendar of themed meetings • Meeting agendas • Meeting venues 	<ul style="list-style-type: none"> • With management • With health providers and health workers • With patients and communities • With other stake-holders 	<ul style="list-style-type: none"> ■ Governing body information system ■ Governing body web portal

Session Design

During this session, participants will be introduced to twenty elements of governance infrastructure that a governing body needs for effective governance.

1. Governing body of optimum size
2. Clear roles and responsibilities of the governing body
3. Competencies of members
4. Term limits
5. Committees structure of the governing body
6. Governing body meetings
7. Calendar of themed meetings
8. Meeting agendas
9. Meeting venues
10. Chief executive officer oversight
11. Ethics and conflict of interest
12. Orientation and education of members
13. Governing body self-assessments
14. Relationship with the Ministry of Health
15. Relationship with other providers
16. Relationship with physicians
17. Relationship with advisory councils
18. Relationship with the media
19. Governing body information system
20. Governing body web portal

Participants will review their own governance infrastructure and discuss how their governance infrastructure compares with the twenty key elements listed above. Participants will increase their understanding of the basic governance infrastructure a governing body needs for effective governance.

Trainer Goals

1. Introduce the twenty key elements of infrastructure a governing body needs for effective governance.
2. Help participants compare their own governance infrastructure with these twenty elements.
3. Help participants identify, discuss, and describe the governance infrastructure elements required to govern well and the infrastructure gaps that exist in their own setting.

Participant Goals

1. Get to know the key elements of infrastructure a governing body needs for effective governance.
2. Compare your own governance infrastructure with these key elements.
3. Identify, discuss, and describe the governance infrastructure required to govern well and the infrastructure gaps that exist in your setting.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	► Guide to Good Governance for Hospital Boards by the Center for Healthcare Governance of the American Hospital Association
15 minutes	2. Small group work session	The group work is focused on practical ways to improve the infrastructure available to support enhanced governance decision making in the settings where participants govern. Each group reviews its own governance infrastructure against the twenty key elements	As above

Time	Activity	Focus	Relevant materials for reference
		of infrastructure a governing body needs for effective governance and discusses how they compare. Each group also discusses the key infrastructure gaps that come in the way of governing well and fulfilling the organization's mission. Each group recommends a series of governance infrastructure investments that have the potential to improve the effectiveness of their governing body.	
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their current governance infrastructure and key gaps. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the two groups and makes written notes as to whether participants have achieved the learning objectives identified above.	As above

Required Reading

1. Guide to Good Governance for Hospital Boards by the Center for Healthcare Governance of the American Hospital Association

Session Handouts

1. Governance Infrastructure Mapping Tool
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their key governance infrastructure and infrastructure gaps.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives identified above.

Governance Infrastructure Mapping Tool

Instructions for the participants: Answer yes/no on whether the element is critical to your organization's mission, and rate the current infrastructure available to your governing body on a scale of 1 to 5 where 1 is the lowest score and 5 is the highest score, and in the last column, note actions for the infrastructure items which you consider are feasible and useful in your situation, etc.

Element of Governance Infrastructure	Whether critical to fulfill the organization's mission	Rating of the extant infrastructure					What should be done to establish this infrastructure?
		1	2	3	4	5	
Governing body of optimum size							
Clear roles and responsibilities of the governing body							
Competencies of members							
Term limits of the members							
Committees structure of the governing body							
Governing body meetings							
Calendar of themed meetings							
Meeting agendas							
Meeting venues							
Chief Executive Officer oversight							
Ethics and conflict of interest policy and its implementation mechanism							
Orientation and education of members							
Governing body self-assessments							
Relationship with the Ministry of Health							
Relationship with other providers							
Relationship with physicians							
Relationship with advisory councils							
Relationship with the media							
Governing body information system							

Element of Governance Infrastructure	Whether critical to fulfill the	Rating of the extant infrastructure						What should be done to establish this infrastructure?
Governing body web portal								
Other governance infrastructure needed in your setting to govern well								

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 11: Governance enhancement planning

Session Design

During this session, participants will develop a “Governance Enhancement Plan” for their own governing body and an action plan to improve two to three strategic measures of their district health system’s performance. Based on the five guides and discussions in the earlier Governance Academy sessions, they will prepare the governance enhancement plan and action plan, and define how best to ensure their implementation and periodic refinement.

Trainer Goal

Help participants develop a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their district health system’s performance, and also appreciate the value of implementing these plans.

Learning Objectives

1. Brainstorm and outline a governance enhancement plan for your governing body based on the discussions during the academy.
2. Identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance.
3. Outline an action plan comprising specific and concrete action steps that the governing body will take for consistent application of the five effective governing practices over six to twelve months to influence the two to three strategic measures of organizational performance.
4. Present the governance enhancement plan and governance action plan.

By the end of Session 11, participants will have developed a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their district health system’s performance.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
20 minutes	1. Presentation by the facilitator	1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide	► Guide for Continuous Governance Enhancement and the other four guides

Time	Activity	Focus	Relevant materials for reference
30 minutes	2. Small group work session	Each group reviews the illustrative formats for governance enhancement planning and adapts one for their purpose and context.	As above
60 minutes	3. Small group work session	Each group brainstorms and develops a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their district health system's performance.	As above
10 minutes	4. Individual review	Each participant reviews the governance enhancement plan and the action plan.	As above
55 minutes	5. Plenary discussion	A group makes a presentation to the other groups on their governance enhancement plan and action plan. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether the participants have a robust and practical plan for enhancing governance and organizational performance through governance in their setting.	As above

Required Reading

1. Guide for Continuous Governance Enhancement
2. Guide for Cultivating Accountability
3. Guide for Engaging Stakeholders
4. Guide for Setting a Shared Strategic Direction
5. Guide for Stewarding Resources

6. Appendix 1 and 2 of this handbook for samples of governance development plans

Session Handouts

1. Guide for Continuous Governance Enhancement
2. Illustrative format for governance enhancement planning
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups of their governance enhancement plans and action plans.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives identified above.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 12: Evaluating the learning experience

Learning Objectives

1. Evaluate the learning experience.
2. Make suggestions for its improvement for future participants.
3. Discuss next steps the governing body will take in the coming six to twelve months.

During the concluding one-hour session, using Governance Knowledge Assessment Instrument, participants will evaluate their learning experience during the training. This instrument is administered in the introductory session to record the baseline, i.e., before the Governance Academy training begins and once again in the concluding evaluation session to record the level of governance knowledge at the end of the academy.

Pre- and Post-Governance Academy Governance Knowledge Assessment Instrument

1. I know how to enhance my personal accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

2. I know what actions governance leaders can take to enhance the accountability of the health organization to its external stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

3. I know what essential steps governance leaders should take to cultivate internal accountability in their organization/health system.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

4. I know how governance leaders can enhance accountability among health workers, health providers, and health managers and make them more accountable.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

5. I know what necessary steps governance leaders should take to make their organization become transparent and appear transparent in its decision making.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

6. I know three concrete mechanisms for establishing social accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

7. I know at least two concrete ways to use technology for supporting accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

8. I know how governing body oversight differs from micro-management.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

9. I know at least three different ways of engaging with stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

10. I know what governance leaders should do to establish trust in the inter-relationships among communities, health workers, health providers, senior management, and governance leadership.



Not at all 1 2 3 4 5 6 7 8 9 10 Fully

11. I know what steps should be taken to achieve better collaboration among the many different sectors /organizations that impact health.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

12. I know at least three different ways in which governance decision making can be made more gender-responsive.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

13. I know what actions governance leaders should take to establish a shared strategic vision among key stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

14. I know how governance leaders create a shared strategic plan.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

15. I know what governance leaders do to make implementation of their strategic plan a success.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

16. I know what governance leaders do to practice ethical and moral integrity.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

17. I know what senior management can do to increase efficiency and sustainability of the services the health service organization provides.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

18. I know how governance leaders can use information, evidence, and technology for the ethical and efficient use of resources.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

19. I know several different actions that governance leaders can take to reduce corruption in the health organization.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

20. I know several different ways in which measurement of results can be used to improve the organization's/health system's performance.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

21. I know what competencies are necessary for good governance.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

22. I know what actions governance leaders should take to build diversity in their governing body.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

23. I recognize the value of a good orientation for governing body members and their ongoing governance education.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

24. I know different ways of conducting governing body self-assessments.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

25. I know how the results of governance assessments can be used for governance enhancement.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

26. I know a process that can be used for continuous governance enhancement planning.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

27. I know what a chairperson should do to conduct effective governing body meetings.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

28. I know several governance policies at least by name.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

29. I know at least two governance technologies that governance leaders can use to make the governance process more efficient.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

30. I know what governance leaders should do to govern well.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

End-of-the-Third-Day Evaluation of Sessions

The participants will evaluate the four sessions conducted during the day using a short questionnaire. In addition to the written feedback, the facilitator will give participants an opportunity to provide oral feedback.

Sessions 9 through 12 Evaluation Form

(Participants should not hesitate to give positive feedback and should not withhold negative feedback. Feedback for the facilitators on what will be important for improving these sessions for future audiences is especially welcome.)

1. *Did the sessions 9 to 12 meet the learning objectives and did they meet your needs? Please explain.*

2. *What did you find was the most valuable part of these four sessions? What part was not of much use? Please explain why. We appreciate any other specific comments on the content of the four sessions.*

3. *Please provide specific comments on the structure of the sessions, mode of delivery of the sessions, their pace, structure of group exercises, reference and reading materials/handouts/guides /handbooks, etc.*

Appendix 1: District Health System Governing Body Governance Development Plan

I—Structure of the Governing Body

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Governing Body Composition				
1.	The governing body has a formal recruitment program that emphasizes organizational needs and required competencies.				
2.	The governing body has a long-range plan to further strengthen its composition, especially people from other spheres who add skill sets and varied perspectives (knowledge-based, demographic, and geographic) that lack representation on the governing body.				
	Calendar of Meetings				
3.	The governing body has evaluated meeting frequency to determine the optimal number of meetings and meeting duration.				
4.	The governing body publishes and updates the calendar at the beginning of each year.				
5.	The governing body has a strategy review and development meeting / retreat annually.				
6.	The governing body has a calendar for committee meetings.				
7.	The governing body includes in its annual calendar at least one formal, special meeting with policy makers, and at least one special meeting with community leaders.				
	Governing Body Meeting Agendas				
8.	The governing body strives to spend 60 percent of meeting time in most meetings focused on strategic and future issues, rather than on management and committee reports.				
9.	The governing body requires one-page executive summaries by management for all information items and action proposals.				
10.	The governing body requires management summaries to spell out management’s conclusions, assessment of pros and cons, and clear recommended course of action.				
11.	Governing body meetings periodically have time set aside for member education on current issues in health policy, community concerns, organizational concerns, etc.				
	Information				
12.	The governing body requires less but higher-quality information.				
13.	The governing body insists on greater reliance on dashboard and graphic indicators.				
14.	The governing body makes use of the electronic exchange of information.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Self-Assessment				
15.	The governing body seeks to continuously improve its own performance by conducting an annual assessment of the governing body as a whole.				
16.	The governing body seeks to continuously improve its own performance by conducting an annual assessment of individual members.				
17.	The governing body commits to remain educated on priority issues and come well prepared for meetings and interactions.				
	Bard Committees				
18.	Governing body committees and task forces have specific charters and roles and responsibilities.				
19.	Committees are comprised of well-qualified members, and the governing body has considered representation from outside the governing body.				
20.	Committees have efficient operating rules.				
21.	Committees have a strategic direction.				
22.	Committees have an annual action plan.				
	Governing Body Education				
23.	The governing body has a formal program for its own orientation and ongoing education.				
24.	The governing body has an annual education plan that is reflected in the organization's budget for governing activities and support.				

II—Attributes of the Governing Body

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Structure				
25.	The governing body is large enough to offer a diversity of views, yet small enough to be efficient.				
26.	Committees and task forces have specific charters, well-qualified members, and efficient operating rules.				
27.	The governing body redesigns governance based on opportunities to produce improved outcomes.				
	Leadership Effectiveness				
28.	The governing body behaves in a professional manner.				
29.	The governing body is not reluctant to challenge strategic thinking of management.				
30.	The governing body understands the difference between management and governance, and strives to stay out of internal organizational operations and day-to-day management.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
31.	The governing body is team-oriented and comprised of team players.				
32.	The governing body uses excellent decision-making techniques.				
33.	The governing body understands health policy issues, challenges, and impacts.				
34.	Members are leaders who know how to encourage innovation and welcome organizational change.				
35.	The governing body confronts barriers to organizational transformation and innovation.				
36.	The governing body deals efficiently and effectively with unplanned change.				
37.	The governing body focuses on vision and outcomes versus programs and actions.				
38.	Governing body members are open to alternative views and challenge conventional wisdom.				
39.	Governing body members think in terms of the future and can envision various scenarios and their implications.				
	Governing Body Culture				
40.	The governing body has a shared governance vision.				
41.	The governing body has a culture that embraces change and has an orientation that embraces results.				
42.	The governing body views change as a creator of opportunities versus viewing change as a threat.				
43.	The governing body capitalizes on the knowledge, insights, and experiences of its members.				
44.	The governing body successfully adapts to a complex, fast-paced environment.				
45.	The governing body makes rapid and informed decisions.				
46.	The governing body synthesizes important information into knowledge for strategic advantage.				
	Chief Executive Evaluation				
47.	The governing body has comprehensive, clear criteria for chief executive evaluation.				
48.	The governing body and chief executive agree on scope, purpose, and how evaluation is tied to the chief executive's compensation.				
49.	The evaluation has specific performance goals related to strategic success.				
50.	The evaluation process works effectively to attract/retain quality management leadership.				
	Governing Body Membership and Selection				
51.	The governing body has a competency-based selection process that is matched to its strategic needs.				
52.	Each member has an expertise profile.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
53.	The selection process ensures diverse, well-qualified, and dedicated people.				
54.	Recruitment is based on future governing body needs (at least three years in the future).				
55.	The governing body has evaluated whether term limits do or would work well for its overall performance.				
	Governing Body Self-Assessment				
56.	The governing body conducts an annual self-assessment of the governing body as a whole.				
57.	The governing body conducts assessments of individual members, and uses the outcomes of these assessments in reappointment decisions.				
58.	The governing body uses the assessment process to identify specific governance improvement opportunities, and has included these in an annual plan for improvement.				
	Strategic Decision Making				
59.	Governing body meeting agendas match strategic issues and priorities.				
60.	The governing body devotes at least 60 percent of its time to strategic and policy issues; it generates key insights and wisdom versus simply gathering information.				
61.	Governing body discussion is future-oriented.				
62.	Management provides the governing body with well thought-out options and alternatives.				
63.	The governing body provides strategic guidance to management.				
64.	The governing body continually scans the environment for meaningful change that is critical to the organization.				
65.	The governing body anticipates health service user needs rather than reacts to them.				
66.	The governing body strategically invests in new core competencies.				
67.	The governing body can rapidly modify strategic direction as circumstances change.				
	Stakeholder Relationships				
68.	The governing body understands key stakeholders' perceptions.				
69.	The governing body develops responses to community needs.				
70.	The governing body has clearly defined the organization's values, and has committed to exceeding expectations and enhancing stakeholder satisfaction.				
71.	The governing body knows how to build collaborative relationships.				
72.	The governing body understands and develops effective responses to the interests and needs of				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	clients.				
73.	The governing body has an active advocacy program to ensure that civic, state, and national leaders understand key issues related to the health sector.				
74.	The governing body has defined what success will look like as a result of governance and organizational change.				
	Governing Body Education and Orientation				
75.	The governing body has a written policy and budget for education and development.				
76.	New members receive a thorough orientation.				
77.	The governing body has an active ongoing education program tied to strategic challenges.				
78.	The governing body has a peer-to-peer mentoring program.				
79.	Governing body meetings typically include an education component.				
80.	The governance development process includes governance issues, education, and self-assessment				

III—Governing Body Practices

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Governing Body Composition				
	Duty of Care				
81.	The governing body requires that new members receive education on their fiduciary duties.				
82.	The governing body regularly reviews policies that specify its major oversight responsibilities at least every two years.				
83.	The governing body reviews the financial feasibility of projects before approving them.				
84.	The governing body considers whether new projects adhere to the organization’s strategic plan before approving them.				
85.	The governing body receives important background materials at least one week in advance of meetings.				
86.	The governing body has specified minimum meeting attendance requirements in a written policy.				
87.	The governing body ensures effective committee structure by updating committee charters annually.				
88.	The governing body oversees but doesn’t “repeat” its committees’ work.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
89.	The governing body secures expert, professional advice before making major financial and/or strategic decisions.				
	Duty of Loyalty				
90.	The governing body has adopted a conflict of interest policy.				
91.	The governing body's conflict of interest policy contains specific criteria for when a member's material conflict of interest is so great that the member should no longer serve on the governing body.				
92.	Governing body members complete a conflict of interest disclosure statement annually.				
93.	The governing body assesses the adequacy of its conflict of interest statement at least every two years.				
94.	The governing body has adopted a specific code of ethics and conduct.				
95.	The governing body enforces a written policy on confidentiality that requires members to refrain from disclosing confidential governing body matters.				
96.	The governing body enforces a written policy that states that deliberate violations of conflict of interest constitute grounds for removal from the governing body.				
97.	The governing body's enforcement of the organization's conflict of interest policy is uniformly applied across all members of the governing body.				
98.	The governing body ensures that the tax filing meets the highest standards for completeness and accuracy.				
	Duty of Obedience				
99.	The governing body oversees a formal assessment at least every two years to ensure fulfillment of the organization's mission.				
100.	The governing body ensures that the organization's written mission statement correctly articulates its fundamental purpose.				
101.	The governing body rejects proposals that put the organization's mission at risk.				
102.	The governing body has approved a "code of conduct" policies/ procedures document that provides ethical requirements for governing body members, employees, and consultants.				
103.	The governing body has approved a "whistleblower" policy that specifies the following: the manner by which the organization handles employee complaints and allows employees to report in confidence any suspected misappropriation of charitable assets.				
	Financial Oversight				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
104.	The governing body approves the organization's capital and financial plans.				
105.	The governing body reviews information at least quarterly on the organization's financial performance against plans.				
106.	The governing body demands corrective actions in response to under-performance on capital and financial plans.				
107.	The governing body requires that the organization's strategic and financial plans are aligned.				
108.	The governing body monitors the organization's debt obligations and investment portfolio.				
109.	Governing body members responsible for audit oversight meet with external auditors, without management, at least annually.				
110.	The governing body has a written external audit policy that makes it responsible for approving the auditor as well as approving the process for audit oversight.				
111.	The governing body has created a separate audit committee (or another committee or subcommittee specific to audit oversight) to oversee the external and internal audit functions.				
112.	The governing body has adopted a policy that specifies that the audit committee (or other committee/subcommittee whose primary responsibility is audit oversight) must be composed entirely of independent persons.				
	Quality Oversight				
113.	The governing body reviews quality performance measures (using dashboards, balanced scorecards, or some other standard mechanism for governing body-level reporting) at least quarterly to identify needs for corrective action.				
114.	The governing body devotes a significant amount of time on its meeting agenda to quality issues/discussion at most governing body meetings.				
115.	The governing body reviews the quality of its performance by comparing its current performance to its own historical performance.				
116.	The governing body has a standing quality committee.				
117.	The governing body reviews client satisfaction/client experience scores at least annually.				
118.	The governing body participates at least annually in education regarding issues related to its responsibility for quality of work in the organization.				
119.	The governing body has adopted a policy that requires the organization to report its quality				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	performance to the general public.				
	Setting Strategic Direction				
120.	The full governing body actively participates in establishing the organization's strategic direction, such as creating a long-range vision, setting priorities, and developing/approving the strategic plan.				
121.	The governing body is engaged in ongoing education about the critical strategic issues challenging the organization.				
123.	The governing body requires that all plans in the organization (e.g., financial, capital, operational, quality improvement) be aligned with the organization's overall strategic plan/direction.				
124.	The governing body evaluates proposed new programs or services using such factors as financial feasibility, market potential, impact on quality, and so forth.				
125.	The governing body discusses the needs of all key stakeholders when setting strategic direction for the organization (i.e., clients, employees, and the community).				
126.	The governing body considers how the organization's strategic plan addresses client needs before approving the plan.				
127.	The governing body requires that major strategic projects specify both measurable criteria for success and who is responsible for implementation.				
128.	The governing body sets annual goals for its and its committees' performance that support the organization's strategic plan/direction.				
129.	The governing body spends more than half of its meeting time during most meetings discussing strategic issues as opposed to hearing reports.				
130.	The governing body has adopted policies and procedures that define how strategic plans are developed and updated (e.g., who is to be involved, time frames and the role of the governing body, management, physicians, and staff).				
131.	The governing body requires management to have an up-to-date staff development plan that identifies the organization's needs.				
132.	The governing body reviews an up-to-date client needs assessment at least every two years to understand issues among the clients served.				
	Self-Assessment and Development				
133.	The governing body engages in a formal process to evaluate its own performance at least every two years.				
134.	The governing body uses the results from the				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	process to establish its performance improvement goals.				
135.	The governing body uses a formal orientation program for new members.				
136.	The governing body ensures that governing body members receive support for ongoing member education.				
137.	The governing body assesses the organization's bylaws/structures at least every three years.				
138.	The governing body uses competency-based criteria when selecting new members.				
139.	The governing body uses a formal process to evaluate the performance of individual members.				
140.	The governing body has established performance requirements for member reappointment.				
141.	The governing body has a mentoring program for new members.				
142.	The governing body uses an explicit process of leadership succession planning to recruit, develop, and choose future governing body chair and committee chairs.				
	Management Oversight				
143.	The governing body follows a formal process for evaluating the chief executive's performance.				
144.	The governing body and chief executive mutually agree on the chief executive's written performance goals prior to the evaluation.				
145.	The governing body requires that the chief executive's compensation package is based, in part, on the chief executive performance evaluation.				
146.	The governing body convenes executive sessions periodically without the chief executive in attendance to discuss the chief executive's performance.				
	Advocacy				
147.	The governing body reviews a survey of client perceptions of the organization at least every three years.				
148.	The governing body has a written policy establishing its role in mobilizing resources.				
149.	The governing body expects individual members to engage in advocacy efforts with legislators and policymakers.				
150.	The governing body has adopted a policy regarding information transparency, explaining to the organization's clients in understandable terms its performance on measures of quality, pricing, and customer service.				

(Source: Adapted from The Governance Institute. 2010. *Elements of Governance. Governance Development Plan*. San Diego, CA.)

Appendix 2: Case study for reflection

Challenges in Implementing Health Sector Decentralization in Ghana

Sakyi, Awoonor-Williams and Adzei (2011) have used a case study of the Nkwanta district health management team (DHMT) to gain an empirical insight into the problems confronting the implementation of health sector decentralization reform at the district level in Ghana. The case study highlights what is level of understanding among district health staff of the objectives of decentralization and what are the major obstacles to its implementation from their perspective.

Overall, the majority of their respondents said that they were aware of the decentralization process in the district. Interviewees gave various reasons for decentralizing the administration of health care. These included: improvement in information flow, stakeholder participation in decision making, transfer of managerial authority, accountability and sharing of responsibility among stakeholders. The general opinion was that control of the DHMT over financial and personnel decisions, and stakeholder participation and support had improved in the district due to decentralization. Similarly, district health planning and decision-making had undergone positive change. It further emerged from the group interviews that the functions, roles and responsibilities being performed currently by DHMTs following decentralization had an impact on health delivery in the district.

Inadequate finance was cited as a major impediment to the smooth implementation of decentralization in the district. The majority of interviewees indicated that inadequate funding especially to district health directorate affected the process of implementation of decentralization in the district. Other problems enumerated included: staff behavior and attitudes toward work, health workforce relationship with service users and relevant stakeholders and structural/organizational issues.

To ascertain the forms in which decentralization was practiced at the district level, respondents were asked to mention some specific administrative and managerial activities and procedures they considered as being evidence of decentralization. Interviewees identified sets of five broad indicators as signaling decentralization:

- (1) changes in decision making;
- (2) increased autonomy in financial management;
- (3) human resource management;
- (4) information and communication; and
- (5) structural/functional and operational changes.

According to the findings, the evidence of administrative decentralization showed in the ability of the DHMT to assume responsibility of its own human resource management functions. Another significant number of respondents observed that the relative independence being granted DHMTs in respect of management and control of financial matters is also an indication of the decentralization. Decision-making regarding health planning, and design and execution of

health programs are also perceived as signaling an improvement in decentralization. Increase in the free flow of information from the top-down and bottom-up and initiatives aimed at enhancing horizontal communication, internal audit, financial control and accountability mechanisms through Budget Management Centres and the degree of autonomy granted to the DHMT in the initiation and execution of health programmes at district, sub-district and community levels also indicate that administrative decentralization is being practiced.

In response to the question on the obstacles to decentralization of health administration programme in the district, an overwhelming majority cited inadequate funds, another majority cited lack of qualified personnel and inadequate logistics, material resources and equipment as obstacles to decentralization at the district level. Another lesser majority of interviewees pointed at human and behavioral factors such as poor interpersonal relationships, lack of incentives and staff motivation, lack of free information flow and communication, lack of transparency, favoritism and a weak operational structure of the district health administration as obstacles to decentralization. A smaller number of respondents perceived political interference, poor road networks, high rate of illiteracy, poor attitude of health workforce and a fear of losing power especially by those in authority as obstacles to the decentralization process.

Respondents suggested the following remedial actions to improve the chances for effective implementation of health service decentralization in the district:

1. provide good infrastructure especially good roads;
2. encourage freer two-way flow of information from and to health staff;
3. improve working conditions and motivational packages for workers;
4. provide adequate logistics, resources and equipment;
5. recruit better qualified workforce;
6. encourage stakeholder participation in health planning and implementation;
7. provide DHMTs with adequate financial resources;
8. tackle disparity and discrimination in salary of health workforce;
9. initiate programs targeted at altering workforce attitudes and behavior; and
10. take steps to increase leadership, supervision and monitoring at district level.

[Adapted from Sakyi EK, Awoonor-Williams JK, Adzei FA. Barriers to implementing health sector administrative decentralisation in Ghana: A study of the Nkwanta district health management team. *J Health Organ Manag.* 2011 ;25(4):400-19.]

Appendix 3: Want to learn more?

Govern4Health App

(Available on the Apple App Store and the Android Market)

This app is created to provide health leaders with basic information on the essential practices of good governance. The Govern4Health app aims to demystify health governance by providing practical actions for health leaders, managers, and people who govern. Unlike traditional methods of learning, the Govern4Health app provides a highly interactive way for users to learn about implementing good governance through different quizzes, discussion forums, and governing tips which can be accessed at any time. The app also offers evidence on why governance matters, along with a tool to assess gender responsiveness and tips on how to continually enhance governance.

LMG governance guides and handbooks

The guides contain best practices, tools and references, and resources for good governance. Training Facilitation Handbooks are designed to accompany the guides and are meant to be used by training facilitators to deliver the contents of the guides following a structured methodology. Separate handbooks are available for training governance leaders of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers. The LMG governance guides and handbooks are available at <http://www.lmgforhealth.org/expertise/governing>

Guides

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

Handbooks

1. Training Facilitation Handbook for the Ministry of Health Governance Leaders and Staff
2. Training Facilitation Handbook for Provincial Health Office Governance Leaders and Staff
3. Training Facilitation Handbook for District Health Office Governance Leaders and Staff
4. Training Facilitation Handbook for Hospital Governance Leaders and Staff
5. Training Facilitation Handbook for Health Center Governance Leaders and Staff

LeaderNet

LeaderNet is a virtual community of health professionals, managers, facilitators, and technical experts who are interested in improving the leadership, management and governance of health services and programs. LeaderNet offers multilingual online seminars, tools and resources on leadership, management and governance, and networking opportunities for health professionals around the world. You may join LeaderNet community of practice at [http://leadernet.msh.org/!](http://leadernet.msh.org/)

Governance guides and handbooks from other organizations

1. Healthy NHS Board
<http://www.leadershipacademy.nhs.uk/discover/the-healthy-nhs-board/>
2. Good Governance Institute <http://www.good-governance.org.uk/publications/>
3. Healthcare Quality Improvement Partnership
<http://www.hqip.org.uk/assets/Guidance/GGI-HQIP-Good-Governance-Handbook-Jan-2012.pdf>
4. Institute of Healthcare Improvement
<http://www.ihl.org/resources/Pages/Tools/HowtoGuideGovernanceLeadership.aspx>
5. Governance Center of Excellence <http://www.thegce.ca/Pages/default.aspx#5>
6. IPPF Code of Good Governance <http://www.ippf.org/resource/IPPF-Code-Good-Governance>
7. IPPF Governance Handbook
<http://www.ippf.org/resource/Welcome-Board-governance-handbook>
8. Center for Healthcare Governance
<http://www.americangovernance.com/americangovernance/resources/blueribbon.html>
<http://www.americangovernance.com/resources/reports/guide-to-good-governance/>
9. CDC Local Public Health Governance Performance Assessment
<http://www.cdc.gov/nphpsp/documents/final-governance-ms.pdf>
http://www.cdc.gov/nphpsp/documents/governance/07_110300-gov-booklet.pdf
10. WHO
http://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_Governance.pdf
11. MSH Pharmaceuticals and the Public Interest: The Importance of Good Governance
<https://www.msh.org/resources/pharmaceuticals-and-the-public-interest-the-importance-of-good-governance>
12. Effective Governance for Quality and Patient Safety in Canadian Healthcare Organizations
<http://www.patientsafetyinstitute.ca/English/research/PatientSafetyPartnershipProjects/governanceForQuality/Documents/Full%20Report.pdf>
13. Governance Guide for Primary Health Organizations
<http://www.nzdoctor.co.nz/media/265830/governanceguideforphosdraft07.pdf>
14. Good governance guide helping local governments govern better
<http://www.goodgovernanceguide.org.au/>
15. Good Governance Institute of Australia
<http://www.governanceinstitute.com.au/knowledge-resources/good-governance-guides/>

16. Good governance guide for public sector agencies
<http://www.publicsector.wa.gov.au/public-administration/public-sector-governance/good-governance-guide-public-sector-agencies>
17. Practical Guide to Collaborative Governance and Training Manual
http://www.policyconsensus.org/publications/practicalguide/collaborative_governance.html
18. ELDIS
http://www.eldis.org/go/topics/resource-guides/health-systems/governance-and-health#.U3mtp_YU-wl
19. DIY committee guide <http://www.diycommitteeguide.org/resource/governance-health-check>
20. National Association of Local Boards of Health <http://nalboh.org>
21. National Association of Public Hospitals and Health Systems www.naph.org
22. National Center for Healthcare Leadership <http://www.nchl.org/>
23. Great Boards <http://www.greatboards.org/>
24. BoardSource
<https://www.boardsource.org/eweb/DynamicPage.aspx?Site=bds2012&WebKey=6d3c3e6f-9d8c-441b-946c-f5a41d1e4b86>
25. UNDP Oslo Governance Center Assessing Governance to Achieve Health and Education Goals
http://www.undp.org/content/undp/en/home/librarypage/democratic-governance/oslo_governance_centre/assessing-governance-to-achieve-health-and-education-goals/

Continued governance education opportunities

Many continued governance education opportunities are currently available if you would like to continue learning. We have listed several such opportunities below.

1. e-Institute of the World Bank
 - a. *e-courses*
 - 1) Introduction to Social Accountability
 - 2) Social Accountability Tools for the Africa Region
 - 3) ICT for Social Accountability
 - 4) Gender Equality and Development
 - 5) Health Outcomes and the Poor
 - 6) Management in Health
 - 7) Results Based Financing in Health
 - 8) Strengthening the Essential Public Health Functions: Part I, II and III

Part I covers introductory module and basis and organization of health systems: (i) Health Situation Monitoring; (ii) Surveillance and Risk Control; (iii) Human Resource Development; (iv) Emergencies and Disasters.

Part II covers strategy and policy: (v) Policy Development; (vi) Regulation; (vii) Health Promotion; and (viii) Research.

Part III covers Track 3: Access and Quality: (ix) Quality of Services; (x) Equitable Access; (xi) Social Participation; and (xii) Inter-sectoral Action for Health.

b. Webinars

Introduction to Principles and Guidelines for Better Governance in Hospitals

<http://einstitute.worldbank.org/ei/webinar/themes/improving-governance-and-social-accountability-in-health-care-services-delivery>

Improving Health Service Delivery in Uganda: A Multistakeholder Approach

<http://einstitute.worldbank.org/ei/webinar/improving-health-service-delivery-uganda-multistakeholder-approach>

c. eCommunities

<http://einstitute.worldbank.org/ei/community>

An e-community is a web site where people and practitioners from around the globe who share common concerns get together to exchange ideas, experiences, resources, challenges and possible solutions, and tools on a specific subject. You will find several online learning communities at the above site. Governance and Health Systems (Electronic Network of Procurement Practitioners (eNePP)) and Governance (Voices against Corruption Youth Network) are two examples. You may join the communities of practice of your interest.

2. Online courses from other institutions

1) Maastricht University

<http://mgsog.merit.unu.edu/education/onlinecourses.php?cat=governance>

Governance is a complex concept which is often used but not always correctly understood. It is an elusive notion, defined and measured in various ways. Sometimes, the idea of governance is differently placed in practice or wrongly conceptualized theoretically. This course guides participants through key theoretical debates surrounding the concept of governance while at the same time presenting a range of empirical examples to illustrate how governance works in practice. The framework of the course comprises and tackles the following facets of governance: governance as an analytical term, governance and public administration, governance and globalization, governance as decision-making, (good) governance and international organizations. The target group of this course is oriented but not limited to students, policy practitioners, NGOs staff, civil and international servants.

The course is structured in 5 learning modules stretched across 10 weeks. The learning process will feature a series of online lectures, tutorial supervision, online movie screenings, and assignments. The design of the course is structured as such as to allow mobility in the work and schedule for every participant. Course fee is 250 – 400 euro.

2) Wisdom center

<http://www.wisdomnet.co.uk/courses/clinical-governance>

This short training course is for clinicians and health service managers. It provides a comprehensive introduction to clinical governance and risk management, and how they can be used to deliver excellence in clinical care. Training is delivered entirely online. You can start at any time and take as long as you wish to complete the training. Most participants prefer to study one topic a week (approximately two hours study time), spreading it over a ten-week period.

The course has been divided into 10 topics, covering the key elements of clinical governance and risk management, that include Finding and using evidence, EBP and guidelines, Patient and Public Involvement, Accountability, performance and underperformance, Risk management, Audit, effectiveness and coding, Patient safety and significant event audit, and Data security and Confidentiality.

3) UNESCO

Online Course on Governance of Decentralized Sanitation

<http://www.unesco-ihe.org/online-course-governance-decentralized-sanitation>

The overall objective of this course is to provide participants with an understanding of policy and management challenges with reference to peri-urban sanitation services.

4) The Governance Institute

<http://www.governanceinstitute.com.au/learning/short-courses-certificates/>

Governance Institute's Certificate courses provide knowledge and skills for those in a governance role who are responsible for the corporate accountability functions of an organization and who require a broad understanding of their governance responsibilities and the skills required to carry them out. This can be in a public or proprietary company, a not-for-profit, public sector or other organization.

5) Online Health Governance Development Program

<http://www.cha.ca/online-health-governance-development-program-to-launch/>

The Canadian Healthcare Association (CHA) has launched the Governance Development Program (GDP) – a distance learning program designed to support the training of health sector boards of directors. The GDP is a series of online courses aimed at developing and strengthening key health governance competencies. This series of courses focuses on essential governance skills and knowledge. CHA has another course in the series: Governing for Quality and Safety.



Training Facilitation Handbook

Governance Enhancement Course for Hospital Governance Leaders and Staff

June 2014



Funding was provided by the United States Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-11-00015. The contents are the responsibility of the Leadership, Management, and Governance Project and do not necessarily reflect the views of USAID or the United States Government.

Table of contents

Acknowledgements.....	4
Introduction	5
Learning Plan.....	9
Instructions for Facilitators	11
Session 1: Accessing the Governance Resource Suite	31
Session 2: Applying the Challenge Model.....	38
Session 3: Reviewing roles and responsibilities of a governing body.....	43
Session 4: Cultivating accountability.....	47
Session 5: Engaging stakeholders	54
Session 6: Setting a shared strategic direction	61
Session 7: Stewarding resources.....	67
Session 8: Assessing and enhancing governance.....	74
Session 9: Promoting competency-based governance.....	85
Session 10: Establishing infrastructure for effective governance.....	91
Session 11: Governance enhancement planning.....	97
Session 12: Evaluating the learning experience.....	101
Appendix 1: Hospital Governing Body Governance Development Plan	106
Appendix 2: Case study for reflection.....	115
Appendix 3: Want to learn more?	116

Acknowledgements

This work was funded by the United States Agency for International Development (USAID) through the Leadership, Management, and Governance (LMG) Project. The LMG Project team thanks the staff of the USAID Office of Population and Reproductive Health, in particular, the LMG Project Agreement Officer's Representative and her team for their constant encouragement and support.

This training handbook and the accompanying guides on governance represent the collective effort and input of many experts in public health leadership, management, and governance. The LMG Project would like to take a moment to acknowledge the individuals who have made these materials possible.

We would like to thank members of the LMG team for their dedication to the learning opportunity these handbooks provide. Dr. Mahesh Shukla, Senior Technical Advisor on Governance, and Dr. James A. Rice, Project Director, have been instrumental in creating and shaping these handbooks on governance. Ummuro Adano, Lourdes de la Peza, Stephanie Calves, and Sarah Johnson served as internal reviewers and their suggestions have been very useful. The support of Xavier Alterescu, Megan Kearns, Laura Lartigue, Jeremy Malhotra, Elizabeth Walsh, Dana Bos, and Alison Ellis has been critical to the completion of these handbooks.

LMG would also like to thank other colleagues at Management Sciences for Health (MSH), specifically Karen Chio and Sharon May, for their instructional design review and inputs. A special thanks to MSH Ethiopia for giving us an opportunity to pilot test the handbooks and for providing essential feedback on their practical application.

The LMG Project team thanks the hundreds of leaders, managers, and people who govern in the health sector and health institutions in low- and middle-income countries, who spent substantial time in taking our surveys and interviews in 2012. The five effective governing practices were identified based on insights they shared during these inquiries. Special thanks are extended to the three Provincial Public Health Coordination Committees and eleven District Health Coordination Committees in Afghanistan who pilot tested the five governing practices with encouraging results.

Finally, LMG would like to thank all of the individuals and organizations striving to improve health sector governance all over the world. We hope this handbook and the accompanying governance guides will serve as valuable resources for continued support of good governance.

Introduction

Effective governance is *the big enabler* for those who lead, manage, and deliver health services that result in better health care and health gains. This training handbook is designed to facilitate the governance orientation and continuing governance education and enhancement of the people invited to serve on governing bodies of the hospitals. Similar handbooks have been developed to facilitate governance enhancement in the ministries of health, provincial health systems, district health systems and health centers. The training handbooks are expected to be used by the facilitators in conjunction with the five guides on effective governing practices.

Governance Learning Experiences Design

The learning experiences this handbook facilitates have the following essential characteristics:

- Practical and interesting for persons at all levels of education and experience.
- Focused on important challenges known to frustrate or facilitate effective governance in diverse governing bodies.
- Use experiential learning in which participants tap into their own situations, problems, and experiences to bring the learning concepts, tools, and materials to life.
- Guided by evidence from low- and middle-income countries on what actually works, participants' knowledge and experiences are enhanced, leading to more effective governance of health service organizations.

The Audience

Countries now have thousands of health, civic, community, and business leaders invited to serve on multi-sectoral governing bodies in the health sector. These governing bodies have varying degrees of authority and responsibility to help ensure that their organization's health services are well designed, understood, well managed, and used by the people, families, and communities they exist to serve.

The learning experiences in this series of handbooks have been designed to serve the needs of the governing bodies of projects, programs, health centers, hospitals, provincial and district health councils, health regulatory bodies, health professional associations, and civil society organizations that are engaged in:

- Health care
- Malaria
- Tuberculosis (TB)
- HIV and AIDS
- Maternal, newborn and child health
- Family planning and reproductive health
- Other health services

Leaders who govern and members of the governing bodies are the target audience for the learning experiences described in this handbook. We also expect that the senior managers and health providers engaged with these leaders serving on the governing bodies will participate in the learning experiences. We anticipate that the participants will have a wide range of backgrounds and competencies. Some will have advanced university education, many may be new to health systems, and those serving in remote areas may have had limited opportunities for formal training or education. All, however, can make valuable contributions to the effective governance of their health organization, and all are respected participants in the learning experiences.

Governance Learning Resources

This training handbook does not stand alone. The handbook is intended to be used in conjunction with a learning pledge and with other resources:

1. An individual and organizational pledge to engage and participate fully in order to optimize the value gained from the learning experience.
2. Additional handbooks especially designed for each type of setting (i.e., governing bodies or leaders who govern ministries of health, provincial health systems, district health systems, hospitals and health centers).
3. Five guides on how to apply the effective governing practices (i.e., cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and assessing and enhancing governance) that contribute to good governance, health system strengthening, and better health outcomes.
4. A reference library on the web portal that is continuously updated with information on trends and evidence of the value of effective governance.
5. LMG's web portal contains the reference materials and other materials including the experiences and guidance of others who are successfully engaged in strengthening governance. In the future, LMG plans to further develop this suite of resource materials to support the capacity development of managers and members of governing bodies who are dedicated to strengthening the performance and results of health systems in low- and middle- income countries. LMG plans to add (1) a learning lab kit, with a variety of tools, templates, and worksheets that facilitators can use to engage learners, and (2) case studies, scenarios, and tools for team and experiential learning, and select readings and video-taped insights for those less literate.

We hope the leaders who govern and governing bodies will enjoy the journey to master effective governance using these resources.

Who can be a facilitator?

Leadership, management, and governance trainers can be facilitators for the delivery of these learning experiences. A senior manager from the organization whose governing body wants to learn and benefit from these learning experiences is also a good candidate for being a facilitator. The selected facilitator has two options to get ready for facilitation: prepare himself or herself through self-study of the materials, or go through a *Training of Governance Trainers Program* offered by the LMG Project. You may contact Project Director Jim Rice (jrice@msh.org)

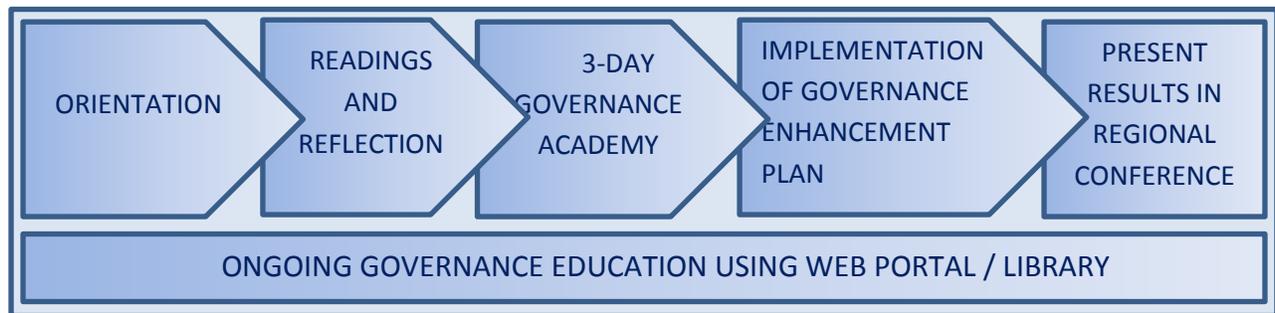
to find out more about the training programs for the governance leaders, training of trainers, or for any help in using these materials.

Governance Learning Continuum

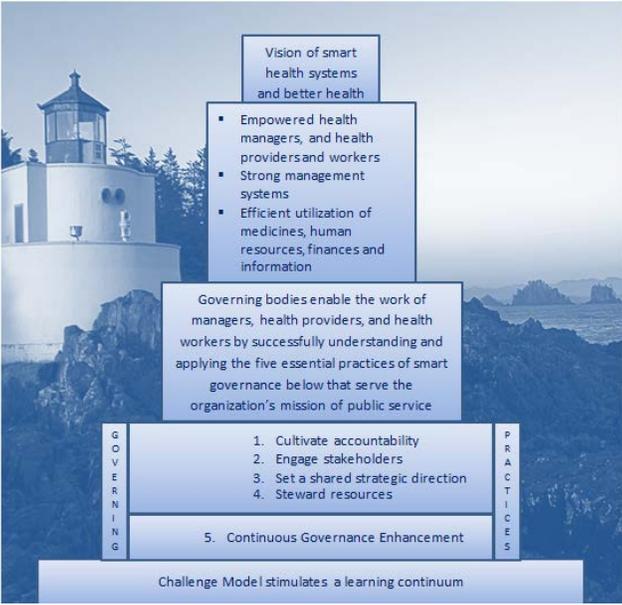
The five guides can also be used as self-study resources by the governance leaders or governing bodies to learn about the governing practices and apply them. However, learning will be more effective if a structured training program is organized using the training handbook, following the learning continuum. The learning continuum comprises a carefully designed learning experience consisting of: general orientation of new governing body members; readings, reflection, and collective self-assessment by the governing body; a three-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered; implementation of a governance enhancement plan and an action plan to improve selected measures of the organization’s performance; and presentation of lessons learned and results in a regional conference; all of this is supported by continuous governance education using the resources available on the LMG website

<http://www.lmgforhealth.org/expertise/governing>.

Governance Learning Continuum



The figure below depicts how governance education will help the health leaders learn and apply the five effective governing practices and achieve better health performance of their health systems.



Learning Plan

The table below illustrates a learning plan which follows the governance learning continuum described above.

Orientation of new members appointed to the governing body ↓			Before the Governance Academy	Ongoing Governance Education Using Governance Reference Library and Governance Web Portal
Select readings on governance and effective governing practices				
Collective self-assessment of governing body performance in a special meeting ↓				
Reflection on the current state of governance Participants apply the Challenge Model to governance in their own setting				
Governance Academy			3-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered	
Day 1	Day 2	Day 3		
Accessing Governance Resource Suite	Engaging with stakeholders	Competency-based governance		
Participants apply the Challenge Model to governance in their own setting	Setting a shared strategic direction	Infrastructure for effective governance		
Roles and responsibilities of a governing body	Stewarding resources	Planning governance enhancement		
Cultivating accountability	Assessing and enhancing governance	Evaluating the learning experience		
↓			After the Governance Academy	
Consistent application of the five governing practices and implementation of a governance enhancement action plan over six to twelve months to influence two to three strategic measures of organizational performance				
Regular monitoring of the implementation of the action plan in the governing body meetings				
Presentation of the results and lessons learned in the Regional Conference				
Ongoing periodic assessment of governance at all levels (governing body as a whole, its committees, and individual members)				
Chair and governance committee take responsibility for continuous governance enhancement			Continuous application	
Governing body renews itself from time to time with recruitment of new members and governance education cycle continues				

What is in it for me?

Benefits for the facilitators

This is a challenging professional assignment for facilitators. Facilitators will gain an in-depth knowledge of governance and of effective governing practices. They will have the opportunity to engage with very high-level leaders in the health system and health sector. These are busy people with very important responsibilities. To work with them and help them achieve measurable results will be the ultimate test of facilitation skills; the challenge for the facilitator is to help the participants adopt the five effective governing practices in their governing behavior. There will be increasing demand for their facilitation services as health systems governance increasingly becomes recognized as a prominent health systems building block in need of capacity development.

Benefits for the participants

Improving governance is one of the essential elements of realizing the dream of a strong health system achieving greater health impact. Good governance enables the effective use of medicines, information, human resources, and finances to deliver better health service performance and better health outcomes. There is an emerging body of evidence that shows that effective governance improves health outcomes. Poor governance, on the contrary, has been found to undermine the vitality of the health system, making it less effective, less efficient, less equitable, and less responsive to the people it is intended to serve.

Through this training, participants have an opportunity to learn, adapt, adopt, and apply five evidence-based practices of governance. The program will also help them periodically assess and continuously improve their governance. All five practices, when put into operation in a health system, enable improved health system performance and better protection, promotion, and restoration of health. Most importantly, the five practices help the leaders who govern achieve and demonstrate better organizational performance and better results to their stakeholders.

Leaders who govern do so in close partnership with health managers, health providers, health workers, community leaders, patients, and governance leaders in other sectors. They facilitate the work of managers who in turn facilitate the work of clinicians and health workers. This course, when jointly taken by governing body members, senior managers, and clinician leaders will have a positive synergistic effect on the performance of the organization.

After taking this course, leaders who govern will be able to make important 21st century governance shifts.

Governance Shifts

#	Shift from ...	Shift to ...
1	Labor-intensive 20 th century governance	Technology-supported 21 st century governance processes
2	Governance as usual	Pursuit of efficiency and sustainability in health systems
3	Input-oriented governance	Results-orientation, i.e., culture of measuring and reporting results
4	Arbitrary decision-making processes	Transparent decision-making processes
5	Intuition- and opinion-based governance	Evidence-based governance
6	Authoritarian decision making	Stakeholder engagement in governance decision making
7	Management-driven strategic planning	Stakeholder needs-driven strategic planning
8	Appointments to governing positions based on personal relationships	Competency-based appointments to governing positions
9	Static governance process	Continuous governance enhancement
10	Male-dominated governance	Women holding governance positions
11	Silo-like health ministry	Whole-of-society and whole-of-government governance
12	Central Ministry of Health control	Decentralized provincial and district health governing bodies

(Source: MSH. 2005. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA.)

Instructions for Facilitators

General instructions

Familiarize yourself with the learning domains relevant to governance education. These domains include cognitive, affective, and interpersonal dimensions.

Cognitive Domain

The cognitive domain focuses on intellectual skills (knowledge, comprehension, application, analysis, synthesis, and evaluation) and encompasses the increasing complexity of intellectual skills as students or participants advance their knowledge of content. This domain is the core learning domain. Collaborative assignments, such as group work included in the individual sessions in the Governance Academy, help participants gain advanced intellectual skills, such as application, analysis, and synthesis. The academy sessions are designed so that the participants get to know the five effective governing practices, apply them to their context and evaluate themselves/ their governing body on these practices.

Affective Domain

The affective domain is critical for learning. This is the domain that deals with attitudes, motivation, willingness to participate, valuing what is being learned, and ultimately, incorporating the values of a discipline into a way of life. Elements in this domain are:

- Receiving (willing to listen)
- Responding (willing to participate)
- Valuing (willing to be involved)
- Organizing (willing to be an advocate)
- Characterization (willing to change one's attitude, behavior, practice, or way of life)

The facilitators should note that the following factors enhance affective learning: informing the participants of the value of the course; having alumni who are using the

knowledge from the course in their governing roles explain the value of the course; giving an overview of the resources and resource persons available to help participants; allowing participants time to raise questions and give feedback; and encouraging participants to set goals for themselves that are reasonable.

Interpersonal Domain

The interpersonal domain focuses on people interacting with others. The skills in this domain include the following:

- Seeking/giving information
- Proposing (putting forward an idea)
- Building and supporting (helping another person's idea move forward)
- Bringing in (involving another)
- Disagreeing (appropriately offering a difference of opinion)
- Summarizing (restating in a compact form a discussion or collection of ideas)
- Others, such as negotiating, compromising, facilitating, and leading

Participants will use several of these interpersonal skills in the group work included in the individual sessions. Facilitators should encourage the groups to use positive interpersonal skills.

The handbooks and sessions have design features that encourage learning in all the three domains. They include: critical questioning; reflection; giving feedback on the processes of team and group dynamics; creating governance enhancement plans; discussion; peer involvement; problem-based learning; group analysis and synthesis of governing practices; and sharing perspectives. Facilitators should use and encourage the use of these features.

Using the Five Guides and this Training Handbook

We have developed guides to help the governing body members and leaders who govern operationalize each of the five effective governing practices in a health sector organization.

These practices are:

1. Cultivating accountability
2. Engaging stakeholders
3. Setting a shared strategic direction
4. Stewarding resources
5. Assessing and enhancing governance

This training handbook is an accompaniment to the five guides. It may be used as a facilitation resource for trainers/facilitators to build the capacity of both governance leaders (leaders who govern) of a hospital as well as hospital management leaders who support good governance practices. An important component of the governance learning plan is the 3-day workshop that we refer to as Governance Academy. The handbook gives detailed guidance on setting up and conducting Governance Academies through which the knowledge and skills in applying the five governing practices can best be mastered.

Before the Governance Academy

A sample invitation letter is provided at the end of this chapter. A suitable adaptation of this sample letter of invitation should be sent to participants well in advance, preferably three months in advance of the Governance Academy. Participants will use this lead time to do essential reading, reflection, and the collective governance self-assessment, which serves as the basis for applying the Challenge Model to their governance.

The learning plan, learning continuum, schedule of the three-day academy, compulsory reading materials, and instructions on applying the Challenge Model should accompany the invitation letter.

Prior reading and specific pre-work related to the readings:

It is essential that the participants read the following three publications in advance:

1. The eManager issue on “How to Govern Health Sector and Its Institutions Effectively” available at <http://www.lmgforhealth.org/expertise/governing>.
2. Chapter 3 of *Health Systems in Action: An eHandbook for Leaders and Managers* available at <http://www.msh.org/resources/health-systems-in-action-an-ehandbook-for-leaders-and-managers>.
3. The five guides (cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and continuous governance assessment). These guides may be accessed at <http://www.lmgforhealth.org/expertise/governing>.

The preferred order for the readings is the eManager followed by the eHandbook chapter on governance followed by the guides. The guides offer participants opportunities for deep reflection on the new behaviors that need to be adopted and how to apply the effective governing practices in their own settings. The readings also set the stage for pre-work related to the self-assessments.

Pre-work related to the self-assessments and the Challenge Model

In the run up to the three-day Governance Academy, the governing body as a whole should conduct a collective self-assessment on how well they are performing their role and responsibilities. They may adapt and use one of the many formats given in the Appendices in the Guide for Continuous Governance Enhancement, or the assessment tool contained in Appendix 1 of this Handbook. This self-assessment will be shared with the facilitator to enable appropriate preparation for the learning experience.

In addition, the governing body as a whole will apply the Challenge Model to their governance. (A review of the use of the Challenge Model is contained in the Guide for Setting a Shared Strategic Direction and is more fully described in the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services* available at <http://www.msh.org/resource-center/managers-who-lead.cfm>.) Using the Challenge Model, the governing body members will define their vision of good governance in light of their organization’s mission. They will then apply the Challenge Model to governance in their own setting. Based on their experience, they

will assess their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenges, identify two or three strategic measures of organizational performance that their governing body wants to influence through the use of good governance, and pinpoint key priority actions they will undertake to overcome the obstacles.

When applying the Challenge Model, the members will reflect on what frustrates and what facilitates good governance in their setting and also how to overcome the obstacles. They will also reflect on their governance capacity building needs.

Facilitators need to prepare well for the Governance Academy experience. They should familiarize themselves with the use of the “Challenge Model” and “Root Cause Analysis” techniques. (These are well described in *Managers Who Lead: A Handbook for Improving Health Services* available at <http://www.msh.org/resource-center/managers-who-lead.cfm>. Root cause analysis is also covered in the Appendix to the Guide for Setting a Shared Strategic Direction.) If participants are able to successfully and effectively apply these techniques to their governance, they are likely to better appreciate the value of improving their governance and the value of this learning experience in helping them improve their governance as an essential enabler for the work of the organization as it pursues its mission.

Facilitators will also need to learn about facilitating a SWOT (strengths, weaknesses, opportunities and threats) analysis. *Opportunities* are external factors in the environment that may improve performance and *threats* are external elements in the environment that could cause trouble, whereas *strengths* and *weaknesses* (strong points and weak spots) are internal attributes of the governing body. University of Kansas has a free online resource on its community toolbox site on how to conduct SWOT analysis <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main>.

Reading materials and handouts

Facilitators should review the session outlines, collect all the reading materials from the LMG Project (available at <http://www.lmgforhealth.org/expertise/governing>), and print/make sufficient copies for participants. They should judge what works best in their context, i.e., giving a soft copy of all materials on a flash drive, or giving hard copies or both. Participants will need to have the relevant guide available during a session on a particular governing practice as a reference material. Handouts to be given during the session are clearly described or exhibited in this training handbook.

During the Governance Academy

The Governance Academy is an intense three-day learning experience that requires the full time and attention of all participants. Participants should understand and commit to setting time aside for this three-day program to strengthen their governance capacity. Successful completion of the Academy will help them have a concrete governance enhancement plan and an action plan to influence two to three strategic measures of their organizational

performance. They will implement these plans over next six to twelve months and obtain measurable results for their stakeholders.

Facilitators should allow the participants time to raise questions and provide their feedback during the three-day academy. This will increase their willingness to listen, willingness to participate, willingness to be involved, and willingness to adopt the five effective governing practices.

Sessions

The facilitator will be expected to plan and conduct 12 sessions in the Governance Academy. The academy has been designed to help hospital governance leaders and senior staff members understand, master, and feel more comfortable, confident, and competent in applying the five effective governing practices in their own setting. The sessions will also enhance the governing competencies of governance leaders and staff. The sessions broadly follow the outline below.

Focus: Theme or topic is mentioned in the title of each session.

Content: One session on each of the five effective governing practices as well as other preparatory and supportive sessions.

Duration: Each session is one or two hours, except the one on governance enhancement planning, which is three hours long.

Goals and objectives: Specific trainer goals and learning objectives are described in the session description.

Participants: The session participants are hospital governance leaders and staff.

Outline: The session outline specifies a set of participant activities (how participants will accomplish the curriculum objectives) and essential questions (what central questions participants will answer as the session unfolds).

Resources: Background reading and session handouts describe resources the facilitator should use to help participants accomplish the curriculum.

Assessment activities: Session handouts and assessment activities are suggested. Grading is done by the facilitator on group presentations. A grading tool is given to help the facilitator grade the presentation and determine if participants: a) have achieved the objectives of the session, and b) can answer the essential questions central to the topic of the session. The facilitator may use scores from the grading of groups' performance at the conclusion of each session in a variety of ways. The facilitator may use the scores to motivate the groups and individual members to contribute, pay attention, do the work, etc.

The Governance Academy should be conducted in a three full-day workshop format. About eight hours of activities should be planned in a training day. In addition to the training sessions, time should be provided for recap of the earlier day, inter-session breaks, and closing discussions. All learning is expected to take place in a highly interactive mode, with extensive small and large group discussions and exchange of ideas.

During each session:

- The participants will be divided into small learning groups.

- Each group will have five to six participants.
- Two to four groups will participate in a break-out session facilitated by one facilitator. The total number of facilitators needed will depend on the number of participants invited to the academy.
 - If there are 10–24 participants participating in the academy, one facilitator will be needed to deliver the training effectively. If more than 24 participants and up to 40 participants are attending, two facilitators will be needed. If more than 40 participants are participating, three facilitators will be needed.
 - Each break-out session will need a separate room or space. For example, one, two, or three rooms/spaces will be needed for group work if there are 15, 30, or 45 participants, respectively. A big hall will be needed for the plenary discussion.

In general, the basic design of a session is two to four groups of five to six participants from the same setting identify their governance challenges and design solutions. For example, participants could be from many different hospitals but they should be from hospitals only. The participants will discuss the same set of central questions in a session, and each group will make a presentation to the other groups on what they propose to do to implement the specific effective governing practice discussed in the session.

All sessions are practice-oriented, based on an experiential learning methodology, and do not deal with theoretical aspects during the academy.

Theoretical concepts and applications in practice are covered in the reference texts: the five guides on five effective governing practices, eManager on “How to Govern Health Sector and Its Institutions Effectively,” and Chapter 3 on governance in the MSH publication, *Health Systems in Action: An eHandbook for Leaders and Managers*.

As described above, we recommend that these reference texts be sent with the invitation letter for the Governance Academy. The participants should use the time available to them during their busy schedules to read and reflect on these reference texts. In this way, they will gain a theoretical and practical understanding and be more prepared for the experiential learning during the academy.

The desired outcomes of the training are defined in detail in this handbook. To achieve the outcomes in an effective and efficient way, the academy sponsors and organizers should consider:

- Learning context (what constraints do you anticipate?)
- Content expertise (what content experts are available to help?)
- Training expertise (what training experts are available to deliver the training?)
- Logistical requirements (based on size and number of participants)
- Language preference of the participants

Based on these criteria, appropriate modifications may need to be made to the suggested design of the Governance Academy.

After the Governance Academy

On successful completion of the Governance Academy, participants will have two plans in hand: a "Plan for Governance Enhancement," and an action plan for applying the five governing practices to improve two to three strategic measures of their organization's performance. Over the next six to twelve months, participants will be expected to consistently apply the five governing practices and implement their governance enhancement plan and action plan. They will monitor the implementation of these plans in their governing body meetings. The governing body will present the results and lessons learned in a Regional Conference to be scheduled by key leaders in the area.

As an outcome of the learning process, participants learn to conduct periodic assessments of their governance by the governing body as a whole, its committees, and at the individual member level. As discussed earlier, they will use the results of these assessments to further improve their governance and their organization's performance. The Chair and governance committee should take responsibility for the continuing governance education and continuous governance enhancement of the governing body. The governing body renews itself from time to time with recruitment of new members. New members should receive orientation on their role and responsibilities and the state of their health system. The Chair and the governance committee should consider providing mentorship opportunities to the new members.

Governance enhancement plan consists of periodically assessing governing practices and continuously trying to improve these practices. Continuous governance enhancement is accomplished through regular governance assessments, governance orientation and education, building diversity in the governing body, cultivating essential governance competencies, conducting productive meetings, establishing governance policies, and using governance technologies like dashboard.

The primary purpose of enhancing governance is to improve the organizational performance. For this reason, governance leaders working with the senior management and with key stakeholders develop an action plan to improve two to three strategic measures of the organization's performance. This involves practical use of the governance competencies and capacity of the governing body and also consistent application of the effective governing practices they learned in course of the governance enhancement education. When the governance leaders see their governance decisions translating into higher organizational performance, they may be inclined to consistently apply the effective governing practices. A virtuous cycle is set into motion, improved governance leading to better organizational performance, which in turn motivates the governance leaders to continuously enhance their governance.

Sample invitation letter

(This is a sample invitation letter from the facilitator to the members of the governing body and senior management to participate in the governance learning experience. The facilitator should make appropriate modifications to the letter based on the context and the local situation.)

Welcome to Your Governing Body Role,

We congratulate you for being invited to serve on the governing body and to perform a governing role. This invitation indicates that you have been recognized as a wise leader in your community or region, and that you are believed to have a keen interest in helping support the mission of your organization.

As a new governing body member, you are beginning a period of service that brings with it prestige, credibility, influence, and personal satisfaction. You bring a lot of time, effort, and a sincere desire to improve the health of your community and to guide the plans and vitality of your organization.

What are the five most important roles of your governing body for this health service organization?

1. Bring needs of beneficiaries in to the plans and work of the organization.
2. Advocate for the needs of the organization to stakeholders.
3. Support management to develop service quality.
4. Support management to develop the economic vitality of the organization.
5. Help management to protect and achieve the mission of the organization.

While the legal status of each governing body has slightly different authorities in each country and for each type of health service organization or health facility, the legally-constituted governing body is expected to be a careful steward of the organization's mission and its many resources by the people and the government on behalf of the people.

In the eyes of the law of most countries, governing body members have an ethical obligation that should not be divested through delegation to committees or to management. As a member of this governing body, you are held to a very high standard of conduct. You, and others serving on this governing body, are charged with safeguarding the mission of the organization, protecting and enhancing the assets of the organization, protecting patients or other beneficiaries from harm, and not getting any personal gain from your relationship with this organization, other than a sense of pride that your time and talents are being used wisely and well to serve the people.

Governing Body Leadership

You have been selected as a governing body member because you bring important knowledge, skills, and experience to the organization's policy making and oversight duties. This probably results from your demonstrated abilities to lead and support others.

Leadership in the setting of a health sector governing body has specific attributes. We want you to feel comfortable that, after reading certain reference documents and/or attending your organization's orientation program, you will have added a few new leadership attributes to your own. For this reason, we suggest that you will want to discuss the following draft governing body roles and responsibilities as you prepare for your work on this governing body.

You will have an opportunity to learn more about the role of this organization to protect, promote, and restore health for the people of this region. You will also be able to participate in the "Governance Academy" that supports the continued enhancement of your capabilities to be a high performing member of your governing body. We hope you will be proud of your governing body service and appreciate the opportunity to work with other respected colleagues on this body in the years ahead.

Governing Body Leadership Responsibilities

As you plan for your service on this governing body, we hope that you will conduct yourself in a way that helps the staff and external stakeholders develop confidence:

- In the quality and safety of the organization's health services.
- That resources are invested in a way that delivers optimal health outcomes to the people the organization exists to serve.
- In the accessibility and responsiveness of the organization's health staff and health services.
- That beneficiaries, patients, and the public can engage to help to shape health services that meet their needs.
- That the public's money is spent in a way that is fair, efficient, effective, and economic.

To succeed in accomplishing these responsibilities, you will want to learn how you can best understand and implement four essential practices:

1. Help establish a culture in the governing body and in your organization that expects transparent decision making and reporting of results from the work of the organization's staff and partners. You are expected to **help the organization be accountable for its decisions and behaviors** in the governing body, the management, the health care workers, and you yourself as a high performing member.
2. You listen carefully to the needs, fears, pains, and expectations of all stakeholders engaged in the work of the organization. **You are to be effective at stakeholder engagement.**
3. One of the most important practices is to work with other members of the governing body and the organization's management to establish a "strategic road map" for the organization to achieve superior performance and health care outcomes. You are to be **effective at setting strategic direction** for the organization.
4. You do not own this organization, rather, you hold it in trust for the people the organization exists to serve. You are expected to **be a good steward of the organization's scarce resources**—human, technological, and financial.

The resources you will be able to access in your journey for continuous governance improvement include the guides on applying the give effective governing practices.

Attached to this letter are the learning plan, learning continuum, schedule of the three-day Governance Academy, materials for reading to be done prior to the Academy, and instructions on applying the Challenge Model to your governance. As your facilitator, I will further assist you in accessing useful governance resources during the Academy.

Prior reading and specific pre-work related to the readings

It is essential that you read the following three publications in advance and reflect on what they say.

1. The eManager issue on “How to Govern Health Sector and Its Institutions Effectively” available at <http://www.lmgforhealth.org/expertise/governing>
2. Chapter 3 of *Health Systems in Action: An eHandbook for Leaders and Managers* available at <http://www.msh.org/resources/health-systems-in-action-an-e-handbook-for-leaders-and-managers>.
3. The five guides (one each on cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and continuous governance enhancement). These guides may be accessed at <http://www.lmgforhealth.org/expertise/governing>.

The guides will help you reflect on new behaviors that need to be adopted and how to apply the effective governing practices in your own setting.

Pre-work related to the self-assessments and the Challenge Model

In the run up to the three-day Governance Academy, your governing body as a whole should conduct a collective self-assessment on how well the governing body is performing its role and discharging its responsibilities. You may adapt and use one of the many formats given in the Appendices of the Guide for Continuous Governance Enhancement for this purpose, or the assessment tool contained in Appendix 1 of this Handbook. In addition, the governing body as a whole will apply the Challenge Model to its governance, and reflect on what frustrates and what facilitates good governance in its setting and also how to overcome the obstacles. The governing body will have an opportunity to review the results of the Challenge Model during the academy.

You may always ask questions about your governance work and this orientation program by contacting us here:

Facilitator will give his or her contact details here.

(Letter ends here.)

The facilitator may use the following illustrative schedule and adapt it appropriately while designing her or his schedule suitable for the local circumstances.

Illustrative schedule of the three-day Governance Academy

Time	Activity	Type of activity
Day 1		
8:00 – 8:30	Registration and refreshments	
8:30 – 8:45	Recitation of Prayer	Recitation
	Introductory speeches <ul style="list-style-type: none"> • Speech 1 • Speech 2 	Speeches in Plenary Session
8:45 – 9:45	Introductory session	Group work
9:45 – 10:00	Tea Break	Group work
10:00 – 11:00	Session 1: Accessing Governance Resource Suite	Group work
11:00 – 12:00	Session 2: Participants apply the Challenge Model to governance in their own setting	Group work
12:00 – 1:00	Lunch	
1:00 – 2:00	Session 3: Roles and responsibilities of a governing body	Group work
2:00 – 2:15	Tea Break	
2:15 – 4:15	Session 4: Cultivating accountability	Group work
4:15 – 4:30	End of the day evaluation (evaluation of sessions 1 to 4)	Evaluation
Day 2		
8:00 – 8:15	Recap of the earlier day	Plenary Session
8:15 – 10:15	Session 5: Engaging with stakeholders	Group work
10:15 – 10:30	Tea Break	
10:30 – 12:30	Session 6: Setting a shared strategic direction	Group work
12:30 – 1:30	Lunch	
1:30 – 3:30	Session 7: Stewarding resources	Group work
3:30 – 3:45	Tea Break	
3:45 – 5:45	Session 8: Assessing and enhancing governance	Group work
5:45 – 6:00	End of the day evaluation (evaluation of sessions 5 to 8)	Evaluation
Day 3		
8:30 – 8:45	Recap of the earlier day	Plenary Session
8:45 – 9:45	Session 9: Competency-based governance	Group work
9:45 – 10:00	Tea Break	
10:00 – 11:00	Session 10: Infrastructure for effective governance	Group work
11:00 – 12:00	Session 11: Compilation of governance enhancement plan	Group work
12:00 – 1:00	Lunch	
1:00 – 3:00	Session 11: Compilation of governance enhancement plan (Continued)	Group work
3:00 – 3:30	Tea Break	
3:30 – 4:30	Session 12: Evaluating the learning experience Conclusion of the academy with discussion in Plenary Session on what participants learned and next steps to be taken in the coming six to twelve months	Closing of the workshop in Plenary Session

Learning objectives

Introductory session

1. Get to know each other better.
2. Each participant records the baseline level of knowledge about effective governance using an instrument for self-assessment.
3. Better appreciate the importance of good governance as an enabler of enhanced health system performance.
4. Express training needs and expectations from the academy.
5. Better understand the role of fellow participants in learning.

Session 1

Accessing Governance Resource Suite

1. Get to know the Governance Resource Suite and what is available in the suite.
2. Get to know how to access it and use it, when it becomes available.
3. Express any needs for other resource materials that will facilitate learning.

Session 2

Participants apply the Challenge Model to governance in their own setting

1. Discuss, define, and describe governance and good governance.
2. Discuss what is working, what is not working in your governance, and what could be done to improve it.
3. Apply the MSH Challenge Model to governance in your own setting, discuss your current governance situation, identify obstacles and root causes that come in the way of governing well, define your key governance challenge, identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance, and pinpoint key priority actions you will take to overcome the obstacles.
4. Articulate your governance capacity building needs.

Session 3

Roles and responsibilities of a governing body

1. Get to know twelve key roles and responsibilities of a governing body.
2. Compare your own roles and responsibilities with the twelve key roles and responsibilities.
3. Identify, discuss, describe, and internalize key governance responsibilities.
4. Articulate your governance capacity building needs.

Session 4

Cultivating accountability

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.

3. Brainstorm and clarify how to cultivate accountability in your hospital, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 5

Engaging stakeholders

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to engage with stakeholders of your hospital, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 6

Setting a shared strategic direction

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to set a shared strategic direction in your hospital, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 7

Stewarding resources

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to steward resources of your hospital, i.e., what specific actions should be taken to put it into practice?
4. Review an individual self-assessment of this practice.

Session 8

Assessing and enhancing governance

1. Describe this effective governing practice.
2. Recall and discuss the foundational principles of this practice.
3. Understand the benefits of good self-assessments, and the risks of poor or infrequent self-assessments.
4. Brainstorm and clarify how to periodically assess and continuously enhance governance of your hospital, i.e., what specific actions should be taken to put it into practice?
5. Review various governance assessments and self-assessments.
6. Brainstorm and adapt governance assessments you will use in your hospital.

Session 9

Competency-based governance

1. Get to know twenty key competencies of a governing body.
2. Compare the skills profile of your governing body and discuss how it compares with the competency matrix of twenty core competencies.

3. Identify, discuss, and describe key governing competencies required to govern well in your own setting.
4. Articulate your governance capacity building needs.

Session 10

Infrastructure for effective governance

1. Get to know key elements of governance infrastructure a governing body needs for effective governance.
2. Compare your own governance infrastructure with these key elements.
3. Identify, discuss, and describe governance infrastructure required to govern well and infrastructure gaps that exist in your setting.
4. Articulate their governance capacity building needs.

Session 11

Governance enhancement planning

1. Brainstorm and outline a governance enhancement plan for your governing body based on the discussions during the academy.
2. Identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance.
3. Outline an action plan comprising specific and concrete action steps that the governing body will take for consistent application of the five effective governing practices over six to twelve months to influence the two to three strategic measures of organizational performance.
4. Present the governance enhancement plan and governance action plan.

Session 12

Evaluating the learning experience

1. Evaluate the learning experience.
2. Make suggestions for its improvement for future participants.
3. Discuss next steps your governing body will take in the coming six to twelve months.

Introduction to Governance

Governance is a group process of making decisions to ensure the continuous vitality and performance of organizations or health systems providing services that protect, promote, or restore the health of the people. Governing bodies champion and enable an organization to fulfill its mission.

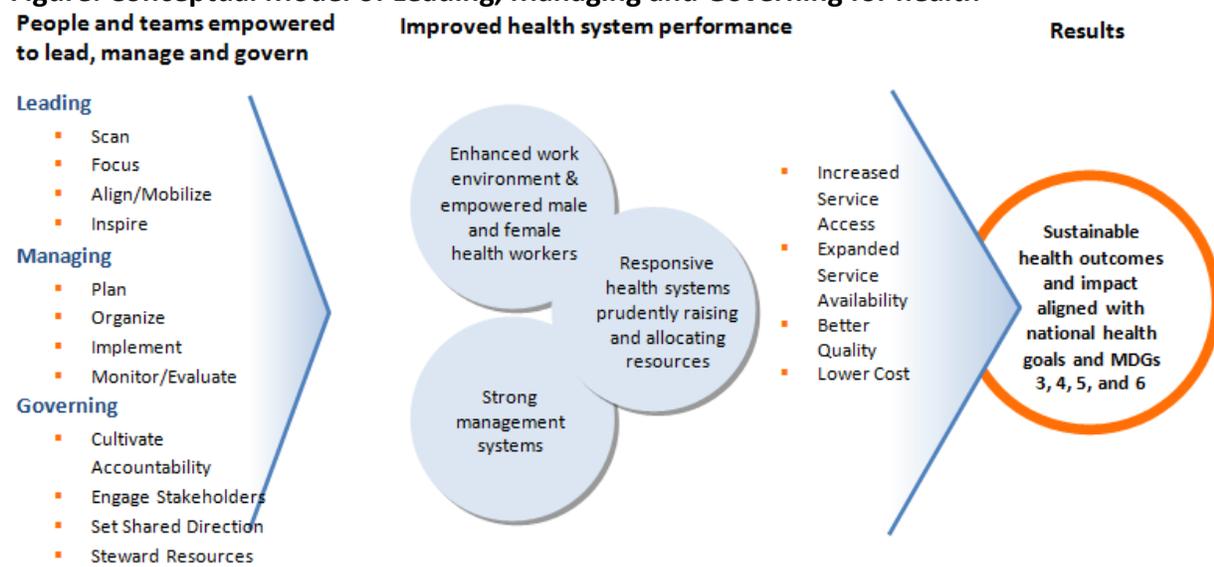
Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and making sure that the strategic goals and objectives are accomplished.

Governance for health is done with the objective of protecting and promoting the health of the people served by a public or private organization.

Governance is robust when (1) the decisions are based on accurate information, rigorous evidence, and shared values; (2) the governing process is transparent, inclusive, and responsive to the needs of the people that the ministry or the organization serves; (3) those who make and those who implement decisions are accountable; (4) the strategic objectives are effectively, efficiently, ethically, transparently, and equitably met; and (5) the vitality of the ministry or the organization is maintained and enhanced in its journey to accomplish its mission.

MSH's Leading, Managing and Governing for Results Conceptual Model below depicts how good leadership, management, and governing practices can enhance the performance of health systems to save lives and achieve significant and sustainable gains in the health status of populations.

Figure: Conceptual Model of Leading, Managing and Governing for health



(Source: MSH. 2005. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA.)

Governance in the context of health has come into sharper focus over the past decade. It has become one of the essential factors in the pursuit of stronger health systems, greater health impact, and enhanced country ownership. There is an emerging body of evidence demonstrating that effective governance improves health outcomes. Conversely, poor governance overall, and especially in the health sector, has contributed to poor health outcomes. It undermines the vitality of a health system, and makes it less effective, less efficient, less equitable, and less responsive to people it is intended to serve.

A compelling piece of evidence comes from the research conducted by Björkman and Svensson in 50 rural communities of Uganda. This work documents that community monitoring of health care providers improved health outcomes. Moreover, communities with a good governance intervention saw a significant increase in the weight of infants, and as much as a 33 percent reduction in mortality rates of children under five years of age.¹

Effective Governing Practices and Their Key Enablers

To fully understand governance and what makes it effective in the context of health, in 2012, the LMG Project carried out a web-based survey of 477 respondents in 80 countries, complemented by 25 key informant interviews in 16 countries. Survey respondents were people who hold leadership, governance, or management positions in health ministries and health institutions in low- and middle-income countries and who are members of the two LMG-supported online communities of practice of health leaders and health managers.

About 90 percent of the respondents defined governing in terms of inclusion, participation, and collaboration. In addition, they identified factors that enabled effective governing in the context of health, such as the use of performance data and scientific evidence, sound management, adequate financial resources for governing, openness and transparency, accountability to citizens and clients, and integrity. The survey and interview findings were then distilled into five governing practices. Thus, the review of the literature and the surveys and interviews of health leaders in the field defined the following five governing practices as essential to effective governance:

1. Cultivating accountability
2. Engaging stakeholders
3. Setting a shared strategic direction
4. Stewarding resources
5. Assessing and enhancing governance

Table 1 below lists the key enablers and principles that underpin these five practices.

¹ Björkman, M., Svensson, J. 2009. "Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda." *The Quarterly Journal of Economics*, 124(2): 735-769.

Table 1: Enablers and principles that underpin the five effective governing practices

Practice	Foundational Principles	Enablers	Resource
Cultivating accountability	Accountability, transparency, ethical and moral integrity, social justice, and oversight	Openness and transparency	Guide for Cultivating Accountability
Engaging stakeholders	Participation, representation, inclusion, diversity, gender equity, and conflict resolution	Inclusion and participation Gender-responsiveness Intersectoral collaboration	Guide for Engaging Stakeholders
Setting a shared direction	Stakeholder alignment, leadership, management, and advocacy	Effective leadership and management	Guide for Setting a Shared Strategic Direction
Stewarding resources	Financial accountability, social responsibility, ethical and moral integrity, resourcefulness, efficiency, and effectiveness	Ethical and moral integrity Pursuit of efficiency and sustainability Measurement of performance Use of information and evidence Use of technology in governing	Guide for Stewarding Resources
Assessing and enhancing governance	Performance measurement	Measurement of performance Use of information and evidence Use of technology in governing	Guide for Continuously Enhancing Governance

Introductory Session: Establishing rapport and understanding

During this session, participants—whether they already know each other or not—will get to know each other in various ways. Participants will be divided into groups of five to six individuals each. Introductions will help establish individual as well as group identity and give everyone a chance to define their training needs and expectations regarding governance capacity building.

Trainer goals

1. Help participants get to know each other and develop trust.
2. Identify what participants want to get out of the training.
3. Introduce the workshop objectives to the participants.
4. Record their baseline level of knowledge about effective governance.

Participant goals

1. Get to know each other better.
2. Assess your baseline level of knowledge about effective governance using an instrument.
3. Better appreciate the importance of good governance as an enabler of enhanced health system performance.
4. Express your training needs and expectations from the academy.
5. Better understand the role of fellow participants and the facilitator in your learning.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus
10 minutes	1. Introduction by the facilitator	1. Introduction of the training program 2. Introduction of the training materials
10 minutes	2. Participant introductions	Introductions and getting to know each other
30 minutes	3. Group discussion on the importance of good governance as an enabler of enhanced health system performance.	Why is governance important? What are the benefits of good governance? What are examples you have seen of good governance? What are the risks and the threats if governance is not performed well? What are examples of poor governance?
5 minutes	4. Group work	Facilitated discussion on what participants would like to learn during the training.
5 minutes	5. Baseline governance	Using the Governance Knowledge

Time	Activity	Focus
	knowledge assessment	Assessment Instrument (provided in session 12 of this handbook), participants assess their governance knowledge before the workshop.

Session outputs

1. Participants and the facilitator get to know each other.
2. Training needs of the participants clarified.
3. Clear understanding of the expectations of the participants from the workshop.
4. Explicit understanding of the value of good governance and the risks of poor governance.
5. Baseline governance knowledge assessment of the participants.

Governance Academy Sessions

1. Accessing the Governance Resource Suite
2. Applying the Challenge Model
3. Reviewing roles and responsibilities of a governing body
4. Cultivating accountability
5. Engaging with stakeholders
6. Setting a shared strategic direction
7. Stewarding resources
8. Assessing and enhancing governance
9. Promoting competency-based governance
10. Establishing infrastructure for effective governance
11. Planning for governance enhancement
12. Evaluating the learning experience

Session 1: Accessing the Governance Resource Suite

Session Design

During this session, participants will be introduced to LMG’s Governance Resource Suite and how to access it. The Governance Resource Suite currently includes:

1. Governance Training Handbooks specifically designed for different settings (i.e., ministries of health, provincial and district health systems, hospitals, and health centers).
2. Five guides on how to apply the effective governing practices.

The suite is available at <http://www.lmgforhealth.org/expertise/governing>. The participants will be able to download and customize any of the tools and templates available in the suite.

In the future, LMG plans to further develop this suite of resource materials by adding (1) a learning lab kit, with a variety of tools, templates, and worksheets that facilitators can use to engage learners, and (2) case studies, scenarios, and tools for team and experiential learning, including selected readings and video-taped insights for those less literate.

We hope the resource suite will stimulate governing body leaders of civil society organizations, ministry of health bodies (at national, provincial, district, and community levels), public hospitals, and of family planning, HIV and AIDS, malaria and TB project-focused governing bodies to consider enhancements to the structures, style, systems, and effectiveness of their governance models and governance work.

Trainer Goals

1. Introduce the Governance Resource Suite to the participants.
2. Guide participants on how to access it and use it, when it becomes available.

Participant Goals

1. Get to know the Governance Resource Suite and what is available in the suite.
2. Get to know how to access it and use it when it becomes available
3. Express any needs for other resource materials that will facilitate learning.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	1. Learning objectives 2. Introduction of the topic 3. Introduction of the	Governance Resources Suite

Time	Activity	Focus	Relevant materials for reference
		handouts /materials/ guide 4. Presentation on the topic	
15 minutes	2. Small group work session	Each group discusses what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness.	As above
25 minutes	3. Plenary discussion	A group makes a presentation to the other groups on what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether participants have reached the learning objectives.	As above

Required Reading

1. Guide for Continuous Governance Enhancement
(Available at <http://www.lmgforhealth.org/expertise/governing>)

Background Reading

1. Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust (Available at <http://www.americangovernance.com/resources/reports/brp/2009/brp-2009.pdf>)

Session Handouts

1. Contents of the Governance Resource Suite

2. Governance Resource Suite Utilization Planning Tool

Session outputs

1. Presentations by the groups on what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness.
2. Facilitator's notes on his or her assessment of the groups and whether the participants have achieved the learning objectives.

Contents of the Governance Resource Suite

<p>Five guides:</p> <ol style="list-style-type: none"> 1. Guide for Cultivating Accountability 2. Guide for Engaging Stakeholders 3. Guide for Setting a Shared Strategic Direction 4. Guide for Stewarding Resources 5. Guide for Continuous Governance Enhancement
<p>Facilitator Handbooks:</p> <p>Training handbooks facilitate the delivery of the contents of these guides to the leaders or the governing bodies who govern the ministries of health, public hospitals, provincial and district health systems, and health centers.</p>
<p>Reference Library (To be customized to the learning needs of the participants)</p> <p>Governing Practices:</p> <ol style="list-style-type: none"> 1. MSH eManager issue on “How to Govern Health Sector and Its Institutions Effectively” (available at http://www.lmgforhealth.org/expertise/governing) 2. Chapter 3 of MSH’s <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> 3. Targeted literature review on governance (available at http://www.lmgforhealth.org/expertise/governing) 4. Synthesis of the findings of the LMG survey and interviews on governing practices (available at http://www.lmgforhealth.org/expertise/governing) 5. Five strategies to govern decentralized health systems <p>Evidence of impact on governance*:</p> <ol style="list-style-type: none"> 1. Björkman and Svensson, 2009 2. Olafsdottir et al., 2011 3. Rajkumar and Swaroop, 2008 4. Maureen Lewis, 2006 5. Results of the LMG’s Pilot Study in 3 Provinces and 11 Districts of Afghanistan <p>Governance frameworks**:</p> <ol style="list-style-type: none"> 1. Governance for Health in 21st Century (WHO European Region) 2. Veillard et al. (Stewardship in health) 3. Siddiqi et al. 4. Mikkelsen-Lopez et al. (Governance from a health systems perspective) 5. Brinkerhoff and Bossert 6. IPPF Code of Good Governance 7. NHS Code and Guide for Good Governance <p>Gender in Governance:</p> <ol style="list-style-type: none"> 1. Gender in leadership, management, and governance 2. UN Publications on Gender in Governance <p>Governance of Medicines***:</p> <ol style="list-style-type: none"> 1. WHO Model GGM Framework 2012 2. WHO Medicines Transparency Assessment Instrument 3. Pharmaceutical Governance (Strengthening Pharmaceutical Systems)
<p>Learning Toolkit with a variety of tools, worksheets and templates:</p> <p>Sample Charter</p> <p>Ideal Competency Profile</p> <p>Role and Responsibilities of Chairperson of Governing Body</p> <p>Roles and Responsibilities of Chairpersons of Key Committees on Planning, Finance, Quality and</p>

Governance Enhancement
Roles and Responsibilities of Members
Sample Meeting Agendas
Sample Calendar of Meetings
Sample Self-Assessments
Sample Meeting Book
Tools on Stakeholder Engagement
Tools to Help Set the Strategic Direction

* Björkman M, Svensson J. 2009. Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda. *The Quarterly Journal of Economics*, **124**(2), pp. 735-769.

*Olafsdottir A, Reidpath D, Pokhrel S, Allotey P. 2011. Health systems performance in sub-Saharan Africa: governance, outcome and equity. *BMC Public Health*, **11**(1), pp. 237.

*Rajkumar AS, Swaroop V. 2008. Public spending and outcomes: Does governance matter? *Journal of Development Economics*, **86**(1), pp. 96-111.

** Veillard JHM, Brown AD, Bariş E, Permanand G, Klazinga NS. 2011. Health system stewardship of National Health Ministries in the WHO European region: Concepts, functions and assessment framework. *Health Policy*, **103**(2–3), pp. 191-199.

Siddiqi S, Masud TI, Nishtar S et al. 2009. Framework for assessing governance of the health system in developing countries: Gateway to good governance. *Health Policy*, **90(1), pp. 13-25.

Mikkelsen-Lopez I, Wyss K, De Savigny D. 2011. An approach to addressing governance from a health system framework perspective. *BMC International Health and Human Rights*, **11(1), pp. 13.

**Brinkerhoff DW, Bossert TJ. 2008. *Health Governance: Concepts, Experience and Programming Options. Submitted to the U.S. Agency for International Development. Washington, DC: Health Systems 20/20.*

*** Anello E. 2008. Elements of a framework for good governance in the public pharmaceutical sector. In: *A framework for good governance in the pharmaceutical sector. GGM model framework. Working draft for field testing and revision.* Geneva: World Health Organization Department of Essential Medicines and Pharmaceutical Policies, pp. 19-30. Online at: <http://www.who.int/medicines/areas/policy/goodgovernance/GGMframework09.pdf>, accessed 13 June 2012.

***Strengthening Pharmaceutical Systems (SPS). 2011. Pharmaceuticals and the Public Interest: The Importance of Good Governance. *Submitted to the U.S. Agency for International Development by the SPS Program.* Arlington, VA: Management Sciences for Health, pp. 7-16.

Governance Resource Suite Utilization Planning Tool

	Usefulness rating					How the participants intend to use the resource
	1	2	3	4	5	
Governance Training Handbooks						
For MOH Governance Leaders and Governing Bodies						
For Provincial Health System Leaders and Governing Bodies						
For District Health System Leaders and Governing Bodies						
For Hospital Governing Bodies						
For Health Center Governing Bodies						
Governance Guides						
On Cultivating Accountability						
On Engaging Stakeholders						
On Setting a Shared Strategic Direction						
On Stewarding Resources						
On Continuous Governance Enhancement						
Case studies and scenarios for team and experiential learning (to be developed)						
Reference Library that is continuously updated on trends and evidence of the value of effective governance						
Learning Toolkit with a variety of tools, worksheets, and templates that facilitators can use to engage learners, and participants can use in their governance work (to be developed)						
Sample Charter						
Ideal Competency Profile						
Role and Responsibilities of Chairperson of Governing Body						
Roles and Responsibilities of Chairpersons of Key Committees on Planning, Finance, Quality and Governance Enhancement						
Roles and Responsibilities of Members						
Sample Meeting Agendas						
Sample Calendar of Meetings						
Sample Self-Assessments						
Sample Meeting Book						
Tools on Stakeholder Engagement						
Tools to help Set The Strategic Direction						
Other Tools						

	Usefulness rating					How the participants intend to use the resource
Contact details of language and culture-sensitive mentors available to help mentor the participants						
Any other tools, worksheets, or templates that you suggest will be useful						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Session 2: Applying the Challenge Model

Good governance creates the conditions within which health managers are more likely to strengthen their health systems and organizational performance and therefore health providers and health workers are more likely to provide better health services and achieve greater health outcomes.

Session Design

During this session, participants will be introduced to definitions for governance and good governance, and the five practices of governance (cultivating accountability, engaging with stakeholders, setting a shared strategic direction, stewarding resources, and assessing and improving governance). They will outline their vision of good governance in light of their own organization's mission. They will then apply the Challenge Model to governance in their own setting. Based on their experience, they will assess their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenge, identify two to three strategic measures of organizational performance that their governing body wants to influence, and key priority actions they will undertake to overcome the obstacles.

Participants will increase their understanding of what frustrates and what facilitates good governance in their setting and also how to overcome the obstacles that come in the way of their governing well. They will be able to articulate their governance capacity building needs.

Trainer Goals

1. Help participants discuss, define and describe governance and good governance.
2. Introduce the five governing practices.
3. Help participants apply the Challenge Model to governance in their own setting, discuss their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenge, identify two to three strategic measures of organizational performance that their governing body wants to influence through the use of good governance, and pinpoint key priority actions they will take to overcome the obstacles.

Participant Goals

1. Discuss, define, and describe governance and good governance.
2. Discuss what is working, what is not working in your governance, and what could be done to improve it.
3. Apply the Challenge Model to governance in your own setting, discuss your current governance situation, identify obstacles and root causes that come in the way of your governing well, define your key governance challenge, identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance, and pinpoint key priority actions you will take to overcome the obstacles.

4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	<ul style="list-style-type: none"> ▶ Pages 1-4 of the eManager on “How to Govern Health Sector and Its Institutions Effectively” ▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> ▶ Challenge Model contained in the Guide for Setting a Shared Strategic Direction
20 minutes	2. Small group work session	<p>Prior to the Governance Academy, each group has applied the Challenge Model to governance in their own setting, discussed their current governance situation, identified obstacles and root causes that come in the way of their governing well, defined their key governance challenge, identified two to three strategic measures of organizational performance that their governing body wants to influence, and identified key priority actions they will take to overcome the obstacles. The groups recap the results of this exercise and prepare their group presentation.</p>	As above

Time	Activity	Focus	Relevant materials for reference
20 minutes	3. Plenary discussion	A group makes a presentation to the other group on their current governance situation, obstacles and root causes of less than the best possible governance of their organization, their key governance challenge, two to three strategic measures of organizational performance that their governing body wants to influence, and key priority actions they will take to overcome the obstacles. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether participants have achieved the learning objectives.	As above

Required Reading

1. Challenge Model contained in the Guide for Setting a Shared Strategic Direction
2. Pages 1-4 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Background Reading

1. Governance Chapter of *Health Systems in Action: An eHandbook for Leaders and Managers*

Session Handouts

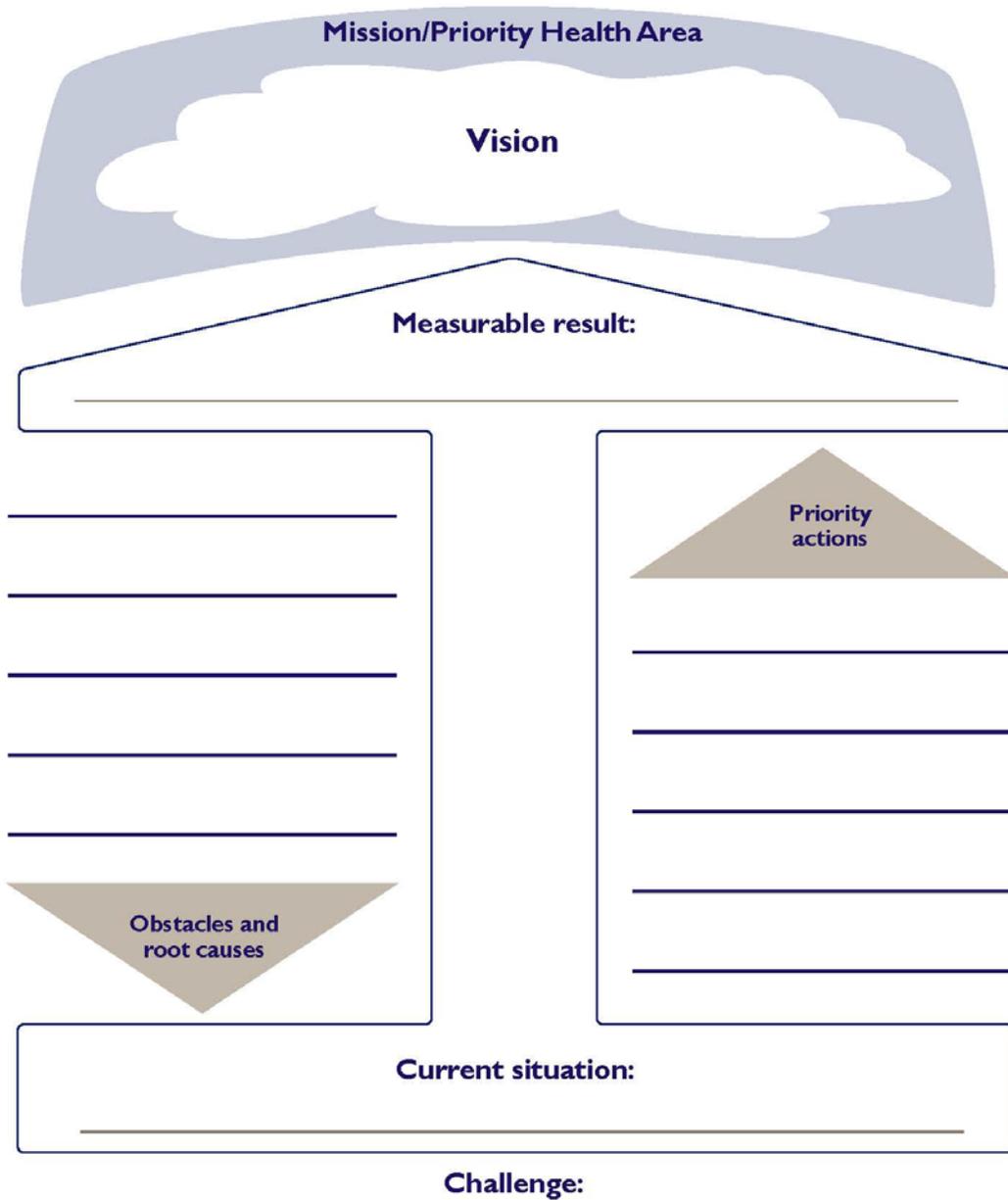
1. Relevant sections of the eManager
2. Section on the Challenge Model contained in the Guide for Setting a Shared Strategic Direction
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their governance challenges and key priority actions.
2. Facilitator's notes on his or her assessment of the groups and whether the participants have achieved the learning objectives.

Applying Challenge Model to Governance Challenges

Challenge Model



(How will we achieve our desired result in light of the obstacles we need to overcome?)



Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric / rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 3: Reviewing roles and responsibilities of a governing body

Session Design

The participants will remember the five responsibilities of the governing body that were mentioned in their invitation letter.

1. Bring needs of beneficiaries in to the plans and work of the organization.
2. Advocate for the needs of the organization to resource stakeholders.
3. Support management to develop service quality.
4. Support management to develop the economic vitality of the organization.
5. Help management to protect and achieve the mission of the organization.

During this session, participants will be introduced to the expanded set of twelve key governing body responsibilities.

1. Determine the organization's mission and purpose
2. Select the executive director
3. Support the executive and evaluate the executive director's performance
4. Set a strategic direction and ensure effective organizational planning
5. Ensure adequate resources and sustainability of the services the organization provides
6. Manage resources effectively and provide financial oversight
7. Strengthen and oversee the organization's programs and services
8. Enhance the organization's public image
9. Nurture relationships with the communities and stakeholders
10. Establish a culture of openness and transparency, accountability, ethical and moral integrity, inclusiveness and participation, responsiveness, and patient safety in the organization
11. Establish a culture of measuring and reporting performance, and pursuit of efficiency and sustainability in the organization
12. Assess and enhance its own performance

Participants will refer to their own roles and responsibilities and discuss how they compare with these twelve roles and responsibilities. Participants will increase their understanding of the basic governance roles and responsibilities of a governing body.

Trainer Goals

1. Introduce twelve key roles and responsibilities of a governing body to the participants.
2. Help participants compare their own roles and responsibilities with these twelve roles and responsibilities.
3. Help participants identify, discuss, describe, and internalize key governance responsibilities.

Participant Goals

1. Get to know twelve key roles and responsibilities of a governing body.

2. Compare your own roles and responsibilities with these twelve roles and responsibilities.
3. Identify, discuss, describe, and internalize key governance responsibilities.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	<ul style="list-style-type: none"> ▶ BoardSource: Ten Basic Responsibilities of Nonprofit Boards ▶ BoardSource: Board Fundamentals - Understanding Roles in Nonprofit Governance ▶ Terms of Reference (ToR) or roles and responsibilities of the governing bodies of which participants are the members
20 minutes	2. Small group work session	Each group refers to its own responsibilities and discusses how they compare with the twelve basic responsibilities. Each group also discusses the roles and responsibilities that are not expressly mentioned in their ToR but need to be fulfilled to achieve the organization's mission, keeping in view the list of twelve basic responsibilities.	As above
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their current roles and responsibilities and those that are not expressly mentioned in their ToR but need to be fulfilled to achieve the organization's mission. Questions	As above

Time	Activity	Focus	Relevant materials for reference
		and answers follow. The other groups go through the same sequence of activities.	
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether participants have achieved the learning objectives.	As above

Required Reading

1. BoardSource: Ten Basic Responsibilities of Nonprofit Boards

Background Reading

1. BoardSource: Board Fundamentals - Understanding Roles in Nonprofit Governance

Session Handouts

1. Roles and responsibilities of the governing bodies where participants are the members (Note: The participants should bring along a copy of their governing role and responsibilities.)
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their key governance roles and responsibilities.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 4: Cultivating accountability

Session Design

During this session, participants will discuss, define, and describe the first effective governing practice, i.e., cultivating accountability. Based on their experience and from their review of the Guide for Cultivating Accountability, they will recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how best to cultivate accountability, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the first effective governing practice, i.e., cultivating accountability, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to cultivate accountability in their hospital.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to cultivate accountability, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Explanation of why this practice is important to good governance	<ul style="list-style-type: none">▶ Pages 1-7 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for</i>

Time	Activity	Focus	Relevant materials for reference
			<i>Leaders and Managers</i> ► Guide for Cultivating Accountability
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the first effective governing practice, i.e., cultivating accountability, and its enablers and foundational principles. Participants also discuss benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will cultivate accountability in their hospital, i.e., what specific actions should be taken by them as the hospital governing body and the hospital management. Participants also discuss what actions and behaviors they should avoid.	Participants should have the <i>Guide for Cultivating Accountability</i> handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also the pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other group on what specific actions they will take as a hospital governing body and as hospital management to cultivate accountability in their hospital. Questions and answers and discussion follow. The other groups go through the same sequence of activities.	As above

Time	Activity	Focus	Relevant materials for reference
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is cultivating accountability? 2. What are its enablers and foundational principles? 3. What will you do to cultivate accountability? 	As above

Required Reading

1. Guide for cultivating accountability
(Available at <http://www.imgforhealth.org/expertise/governing>)

Background Reading

1. Pages 1-7 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Session Handouts

1. Pages 1-7 in the eManager
2. Guide for Cultivating Accountability
3. Simplified performance self-assessment form for a governing body or staff member on how he or she is performing on cultivating accountability
4. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to cultivate accountability.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a governing body or staff member on how he or she is performing on cultivating accountability

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are cultivating personal accountability, which is a first step in improving internal and external accountability of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on openness, transparency, and accountability. You should periodically measure your practice of cultivating personal accountability.

Please read the following measurement scale and circle the number that you think best expresses your attitudes and behavior. Please circle only one number per statement.

1. I demonstrate consistency in my public and private behavior.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2. I openly listen when people offer perspectives that are different from my own.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

3. I explain the reasons for my decisions, for example, I explain to stakeholders why a particular action was or was not taken.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

4. I interact openly and candidly with stakeholders and I answer questions from stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

5. I make records accessible to stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

6. I demonstrate a sense of obligation to stakeholders when making decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

7. I avoid blaming others for mistakes, and I openly admit my mistakes to stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

8. I am willing to face the truth, even when it goes against me or what I think.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

9. I accept responsibility for the future direction and accomplishments of my hospital.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

10. I accept ownership for the results of my decisions and actions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

11. I look at myself first when my hospital's results are disappointing.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

12. I welcome constructive feedback of my actions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Scoring

- ❖ The maximum score that can be earned is 120.
- ❖ Score of 108 and above: indicates outstanding open, transparent, and accountable attitude and behaviors.
- ❖ Score of 61-107: indicates that you meet most requirements.
- ❖ Score of 24-60: indicates that you need to improve.
- ❖ Score below 24: indicates unsatisfactory openness, transparency, and accountability.

The participants should try to adopt open, transparent, and accountable behaviors and use this instrument every quarter or every six months to test whether they are improving their personal accountability scores.

Session 5: Engaging stakeholders

Session Design

During this session, participants will discuss, define, and describe the second effective governing practice, i.e., engaging stakeholders. Based on their experience and their review of the eManager and the Guide for Engaging Stakeholders, they will be able to recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how best to engage with stakeholders in order to collaborate and coordinate with them, i.e., what specific actions should be taken to put this practice into operation. They will also increase their understanding of how to assess themselves in respect of this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the second effective governing practice, i.e., engaging stakeholders, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to engage with stakeholders and coordinate and collaborate with them.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to engage with stakeholders of your hospital and coordinate and collaborate with them, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Explanation of why this practice is important to good governance. 	<ul style="list-style-type: none"> ▶ Pages 7-12 of the eManager on “How to Govern Health Sector and Its Institutions Effectively” ▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> ▶ Guide for Engaging Stakeholders ▶ Pages 195-197 of the MSH publication, <i>Managers Who Lead: A Handbook for Improving Health Services</i> on strategies for successful stakeholder engagement
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the second effective governing practice, i.e., engaging with stakeholders, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies who are the stakeholders of their hospital and actions and behaviors they will adopt to engage with them, i.e.,	Participants should have the Guide for Engaging Stakeholders handy for reference during

Time	Activity	Focus	Relevant materials for reference
		<p>what specific actions they will take as a hospital governing body and hospital staff to coordinate and collaborate with them. Participants also discuss what actions and behaviors they should avoid.</p>	<p>the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.</p>
45 minutes	5. Plenary discussion	<p>A group makes a presentation to the other groups on what specific actions should be taken by them as a hospital governing body and hospital staff to engage with stakeholders of the hospital. Questions and answers and discussion follow. The other groups go through the same sequence of activities.</p>	As above
5 minutes	6. Facilitator's assessment at the conclusion	<p>Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions:</p> <ol style="list-style-type: none"> 1. What is engaging with stakeholders? 2. What are its enablers and foundational principles? 3. What will you do to engage with stakeholders? 	As above

Required Reading

1. Guide for Engaging Stakeholders
(Available at <http://www.imgforhealth.org/expertise/governing>)

Background Reading

1. Pages 7-12 of the eManager on “How to Govern Health Sector and Its Institutions Effectively”

Session Handouts

1. Pages 7-12 in the eManager
2. Guide for Engaging Stakeholders
3. Relevant sections (Chapters 1 and 2, and pages 195-197) of the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services* on strategies for successful stakeholder engagement
4. Simplified performance self-assessment form for a hospital governing body member or a hospital staff member on how he or she is performing on engaging with stakeholders
5. Facilitator’s Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to engage with stakeholders.
2. Facilitator’s notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a hospital governing body member or a hospital staff member on how he or she is performing on engaging with stakeholders

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are engaging with stakeholders of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on stakeholder engagement. You should periodically measure your practice of stakeholder engagement.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Effective governing action	Performance
1.	I include those who are affected by my decision or their representatives in my decision-making process.	
2.	I consider the concerns of the poor and vulnerable people when making a decision.	
3.	I collaborate with people from sectors outside health to achieve better health outcomes for the people I serve.	
4.	I collaborate with private sector organizations to achieve better health outcomes for the people I serve.	
5.	I collaborate with civil society organizations and nongovernment organizations to achieve better health outcomes for the people.	
6.	I collaborate with different levels of decision-making structures—national, provincial, district and community—to achieve better health outcomes for the people.	
7.	I encourage the sharing of ideas to achieve better health outcomes for the people.	
8.	I ensure participation of key stakeholders in decision making.	
9.	I give youth or their representatives a place in formal decision-making structures.	
10.	I give women or their representatives a place in formal decision-making structures.	
11.	I consider the different needs of men and women before making my decisions.	
12.	The decisions I make on average are responsive to different needs of men	

#	Effective governing action	Performance
	and women.	
13.	I consider the implications of a decision on women as users of health services before I make the decision.	
14.	I consider the implications of a decision on women health workers before I make the decision.	
15.	I consult women in senior management and governance positions and women health workers before making a decision.	
16.	I consider gender-disaggregated evidence before making a decision.	
17.	My decisions do not adversely affect women or their health.	
18.	My decisions give autonomy to women to make a decision concerning themselves, their health, or their fertility.	
19.	My decisions on average reduce gender inequalities.	
20.	My decisions on average are fair to women and promote gender equity.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding stakeholder engagement attitude and behaviors.
- ❖ Score of 31-53: indicates you meet most requirements.
- ❖ Score of 12-30: indicates you need to improve.
- ❖ Score below 12: indicates unsatisfactory stakeholder engagement attitude and behaviors.

The participants should try to adopt stakeholder engagement behaviors and use this instrument every quarter or every six months to test whether they are improving their personal stakeholder engagement scores.

Session 6: Setting a shared strategic direction

Session Design

During this session, participants will discuss, define, and describe the third effective governing practice, i.e., setting a shared strategic direction. Based on their experience, and from their review of the eManager and the Guide for Setting a Shared Strategic Direction, they will be able to recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how to set a shared strategic direction, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will also increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the third effective governing practice, i.e., setting a shared strategic direction, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to set a shared strategic direction.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to set a shared strategic direction for your hospital, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Explanation of why this practice is important to good governance.	<ul style="list-style-type: none">▶ Pages 13-14 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for</i>

Time	Activity	Focus	Relevant materials for reference
			<i>Leaders and Managers</i> ► Guide for Setting a Shared Strategic Direction
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the third effective governing practice, i.e., setting a shared strategic direction, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will set a shared strategic direction in their hospital, i.e., what specific actions should be taken by them as a hospital governing body and hospital staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Setting a Strategic Direction handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions they will take as a hospital governing body and hospital staff to set a shared strategic direction in their hospital. Questions and answers and discussion follow. The other groups go through the same sequence of activities.	As above

Time	Activity	Focus	Relevant materials for reference
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is setting a shared strategic direction? 2. What are its enablers and foundational principles? 3. What will you do to set a shared strategic direction? 	As above

Required Reading

1. Guide for Setting a Shared Strategic Direction
(Available at <http://www.lmgforhealth.org/expertise/governing>)

Background Reading

2. Pages 13-14 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Session Handouts

1. Pages 13-14 in the eManager
2. Guide for Setting a Shared Strategic Direction
3. Relevant sections (Chapters 1, 2 and 3) of the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services*
4. Simplified performance self-assessment form for a hospital governing body member or a hospital staff member on how he or she is performing on setting a shared strategic direction
5. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to set a shared strategic direction.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a hospital governing body member or a hospital staff member on how he or she is performing on setting a shared strategic direction

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are setting a shared strategic direction for the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on strategic direction setting. You should periodically measure your practice of setting a shared strategic direction.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Effective governing action	Performance
1.	I scan the internal and external environment for strengths, weaknesses, opportunities, and threats to the health of the people I serve.	
2.	I focus my work and the work of my governing body on achieving better health outcomes for people I serve.	
3.	I mobilize human, material and financial resources and align them to achieve better health outcomes for people I serve.	
4.	I inspire my governing body to work for better health outcomes for people I serve.	
5.	I have contributed in developing a mission and purpose statement for my governing body, working with other members.	
6.	To determine the future strategic direction, I have contributed in developing the vision of my governing body.	
7.	I have considered the people’s needs and concerns in defining this vision or strategic direction.	
8.	I have contributed in documenting and widely disseminating this collective vision.	
9.	I have contributed in developing an action plan with measurable goals for realizing this vision.	
10.	I have contributed in setting up accountability mechanism for achieving the goals in order to reach this vision or strategic direction.	
11.	I motivate my governing body colleagues to work to achieve our collective vision.	

#	Effective governing action	Performance
12.	I motivate other stakeholders to work to achieve the collective vision.	
13.	I advocate for our collective vision at different levels of governance, in sectors outside of health, and in other venues.	
14.	I observe, check, and keep a continuous record of what is going on in terms of implementation of the action plan for realizing the collective vision.	
15.	I contributed in monitoring and reflecting on progress against the action plan.	
16.	I provide feedback to my stakeholders on progress made in the implementation of this action plan.	
17.	I involve stakeholders in the measurement of results.	
18.	I, working with my governing body members, assess the results, what worked and what went wrong, and identify changes needed to be made.	
19.	I use information and evidence while doing much of what is stated above.	
20.	I use modern technology to facilitate much of what is stated above.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding strategic direction setting behaviors.
- ❖ Score of 31-53: indicates that you meet most requirements.
- ❖ Score of 12-30: indicates that you need to improve.
- ❖ Score below 12: indicates unsatisfactory strategic direction setting behaviors.

The participants should try to adopt strategic direction setting behaviors and use this instrument every quarter or every six months to test whether they are improving their strategic direction setting scores.

Session 7: Stewarding resources

Session Design

During this session, participants will discuss, define, and describe the fourth effective governing practice, i.e., stewarding resources. Based on their experience, and their review of the eManager and the Guide for Stewarding Resources, they will recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how to steward resources, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will also increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the fourth effective governing practice, i.e., stewarding resources, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to steward resources.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to steward resources in your hospital, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Explanation of why this practice is important to good governance. 	<ul style="list-style-type: none"> ► Pages 15-21 of the eManager on "How to Govern Health Sector and Its Institutions Effectively" ► Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i>

Time	Activity	Focus	Relevant materials for reference
			► Guide for Stewarding Resources
10 minutes	2. Individual self-assessment	Each participant reviews and completes self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the fourth effective governing practice, i.e., stewarding resources, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will steward resources in their hospital, i.e., what specific actions they should take as a hospital governing body and hospital staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Stewarding Resources handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions they will take as the hospital governing body and the hospital staff to steward resources in their hospital. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to	As above

Time	Activity	Focus	Relevant materials for reference
		whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is stewarding resources? 2. What are its enablers and foundational principles? 3. What will you do to steward resources? 	

Required Reading

1. Guide for Stewarding Resources
(Available at <http://www.imgforhealth.org/expertise/governing>)

Background Reading

1. Pages 15-21 of the eManager on “How to Govern Health Sector and Its Institutions Effectively”

Session Handouts

1. Pages 15-21 in the eManager
2. Guide for Stewarding Resources
3. Simplified performance self-assessment form for a hospital governing body member or a hospital staff member on how he or she is performing on stewarding resources
4. Facilitator’s Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to steward resources.
2. Facilitator’s notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a hospital governing body member or a hospital staff member on how he or she is performing on stewarding resources

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are stewarding the resources of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on resource stewardship. You should periodically measure your practice of stewardship.

Please read the following measurement scale and circle the number that you think best expresses your attitudes and behavior. Please circle only one number per question.

1. I make sure that my actions are always ethical.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2. I can be trusted to serve the interests of the public rather than my own personal interests.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

3. I do what I say.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

4. I can be believed and relied upon to keep my word.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

5. I allow people affected by my decisions to exercise influence on these decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

6. I am willing to reconsider my decisions on the basis of recommendations by those who are affected by my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

7. I allow others to participate in decision making.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

8. I use my time well.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

9. I use others' time well.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

10. I try to produce a specific result effectively with a minimum of waste.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

11. I try to produce results or create systems that will endure and be sustained in the future.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

12. I periodically measure my own performance.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

13. I periodically measure the performance of my governing body.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

14. I use data and information to arrive at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

15. I use evidence to arrive at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

16. I use technology to facilitate at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Scoring

- ❖ The maximum score that can be earned is 160.
- ❖ Score of 144 and above: indicates outstanding stewardship attitude and behaviors.

- ❖ Score of 81-143: indicates that you meet most requirements.
- ❖ Score of 32-80: indicates that you need to improve.
- ❖ Score below 32: indicates unsatisfactory stewardship attitude and behaviors.

The participants should try to adopt stewardship behaviors and use this instrument every quarter or every six months to test whether they are improving their stewardship scores.

Session 8: Assessing and enhancing governance

Governance needs to be dynamic because the context for the organization is dynamic. A good governing body develops an intentional and purposeful design for its structure and decision-making processes. Effective governing bodies continuously challenge themselves to assess their work and continuously improve their structures, systems, processes, style, and competencies.

Session Design

During this session, participants will discuss the fifth and final effective governing practice, i.e., assessing and enhancing governance. Based on their experience, and their review of the Guide for Continuous governance Enhancement, they will be able to recall the principles and techniques of this governing practice. Participants will get an opportunity to brainstorm and clarify how to assess and enhance governance, i.e., what specific actions should be taken to put this practice into operation in their own setting. Sample governance assessment tools are provided.

Trainer Goals

1. Help participants discuss and describe the final effective governing practice—the value of assessing and enhancing governance in a manner that encourages continuous governance process improvement.
2. Help participants brainstorm and clarify how best to assess and enhance governance.
3. Increase participants' understanding of the various governance assessments and self-assessment tools and processes.

Participant Goals

1. Describe this effective governing practice.
2. Recall and discuss the foundational principles of this practice.
3. Understand the benefits of good self-assessments, and the risks of poor or infrequent self-assessments.
4. Brainstorm and clarify how to periodically assess and continuously enhance governance of your hospital, i.e., what specific actions should be taken to put it into practice?
5. Review a collective self-assessment of this practice.
6. Review various governance assessments and self-assessment tools and processes.
7. Brainstorm and adapt governance assessments your governing body will use in your hospital.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Explanation of why this practice is important to good governance. 	► Guide for Continuous Governance Enhancement
10 minutes	2. Individual self-assessment	Each participant reviews and completes the simplified governance self-assessment.	As above
10 minutes	3. Small group work session	Each group discusses the fifth effective governing practice, i.e., assessing and enhancing governance, and its foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies how to assess and enhance governance in their hospital, i.e., what specific actions they should take as the hospital governing body and the hospital staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Continuous Governance Enhancement handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions should be taken by them as a hospital governing body and the hospital staff to assess and	As above

Time	Activity	Focus	Relevant materials for reference
		enhance governance in their hospital. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is meant by assessing and continuously improving governance? 2. What are foundational principles of this governing practice? 3. What will you do to periodically assess and continuously improve governance in your institution? 	As above

Required Reading

1. Guide for Continuous Governance Enhancement
(Available at <http://www.imgforhealth.org/expertise/governing>)

Session Handouts

1. Guide for Continuous Governance Enhancement
2. Different governance assessments and self-assessments
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to assess and enhance governance.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1	Whether the group a) has achieved learning objectives, and b) can answer the central questions?	40	
2	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3	Mastery of material Ability to answer questions	20	
4	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a hospital governing body member or a hospital staff member on how their governing body is assessing and enhancing governance

Instruction for facilitator: Using this instrument, the participants will assess how well their governing body is periodically assessing and continuously improving governance of the organization. This short form allows the participants to think about and assess the degree to which their governing body is applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on continuous governance enhancement. You should periodically measure your practice of continuous governance enhancement.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Action	Performance
1.	Specific governing competencies are identified and documented for our governing body members and senior managers.	
2.	We have a diversity statement for our governing body and management to follow.	
3.	Our organization is committed to achieving diversity in governance and management leadership.	
4.	Our organization has a formal program for ongoing education of governing body members.	
5.	Our governing body uses competency-based criteria when selecting new members.	
6.	New governing body members receive a thorough orientation before they join the governing body.	
7.	Our governing body does periodic assessments of its performance.	
8.	Our governing body uses the results from the self-assessment process to establish its performance improvement goals.	
9.	Our governing body assesses performance of the chief executive on a regular basis.	
10.	Our governing body meetings are productive.	
11.	Time and talent of our governing body members are effectively used.	
12.	Our governing body holds a retreat once a year to reflect on its past performance and plan for improvements in future performance.	
13.	Our governing body has bylaws and governance policies.	
14.	We have a conflict of interest policy for the governing body and the staff.	

#	Action	Performance
15.	We have a code of ethics and conduct for the governing body and the staff.	
16.	We do hospital workforce satisfaction survey on a regular basis.	
17.	We do patient satisfaction assessment on a regular basis.	
18.	Our governing body is responsive to concerns of health service users.	
19.	Our governing body is responsive to concerns of staff and health workers.	
20.	Our governing body uses information, evidence, and technology for enhancing its governance performance.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding governance enhancement behaviors.
- ❖ Score of 31-53: indicates that your governing body meets most requirements.
- ❖ Score of 12-30: indicates that your governing body needs to improve.
- ❖ Score below 12: indicates unsatisfactory governance enhancement attitude and behaviors.

The participants should try to adopt continuous governance enhancement behaviors and use this instrument every quarter or every six months to test whether they are improving their governance enhancement scores.

Health governance self-assessment tool for hospital governing body: Sample 1

This self-assessment tool is a sample tool for use by a governing body that oversees a hospital, based on its roles and responsibilities.

The governing body assesses its own performance on a scale of 0 to 10, where 0 represents the worst performance and 10 represents the best performance on a given responsibility of the governing body. Opportunities are external factors in the environment that may improve performance and threats are external elements in the environment that could cause trouble, whereas strengths and weaknesses are internal to the governing body.

#	Governance Responsibility	Internal		External		Performance on a scale of 0 to 10
		Strengths	Weaknesses	Opportunities	Threats	
1.	Establish a culture of openness and transparency, accountability, ethical and moral integrity, inclusiveness and participation, responsiveness, and patient safety in the organization.					
2.	Establish a culture of measuring and reporting performance, and pursuit of efficiency and sustainability in the organization.					
3.	Setting strategic direction for three to five years and strategic planning based on the strategic direction.					
4.	Determine the organization's mission and purpose.					
5.	Support the achievement of health outcomes, responsiveness and patient satisfaction, and patient safety.					
6.	Nurture relationships with the communities and the people served.					
7.	Stewardship of scarce resources a. Ethical and the best use of available resources for the achievement of health outcomes for the people served.					
	b. Providing vision and direction for the hospital.					
	c. Exerting influence across different sectors for achieving the best health outcomes for the population in the catchment area.					
	d. Collecting and using information and evidence on hospital performance in order to ensure accountability and transparency.					
8.	Ensure adequate financial resources.					
9.	Provide financial oversight.					
10.	Performance monitoring and supporting high performance.					
11.	Strengthen and oversee the organization's programs and services.					
12.	Continuous improvement of the functioning of					

#	Governance Responsibility	Internal		External		Performance on a scale of 0 to 10
		Strengths	Weaknesses	Opportunities	Threats	
	the governing body.					
13.	Building a competent governing body.					
14.	Select the executive director.					
15.	Support the executive and evaluate the executive director's performance.					
16.	Enhance the organization's public image.					
17.	Any other responsibility the governing body fulfills.					

Scoring criteria

Maximum score that can be earned is 200.
 Score of 150 and above: outstanding governance.
 Score of 100-149: meets most requirements.
 Score of 50-99: needs improvement.
 Score below 50: unsatisfactory governance.

Health governance self-assessment tool for hospital governing body: Sample 2

This is another self-assessment sample for use by a hospital governing body, based on governance standards.

Scoring guide	
No activity	0% or absolutely no activity.
Minimal activity	Greater than zero, but no more than 25% of the activity described in the standard is met.
Moderate activity	Greater than 25%, but no more than 50% of the activity described in the standard is met.
Significant activity	Greater than 50%, but no more than 75% of the activity described in the standard is met.
Optimal activity	Greater than 75% of the activity described in the standard is met.

#	Governance Standard	0%	1-25%	26-50%	51-75%	76-100%
A. Oversight for health situation and trend assessment						
1.	Facilitates access to appropriate resources for community health status monitoring, and mobilizes resources and support for the surveys.					
2.	Promotes broad-based participation and coordination among all entities active in collecting, analyzing, and disseminating community health status data.					
3.	Provides oversight and support for community health status monitoring efforts.					
4.	Guides improvements in the health status monitoring efforts.					
B. Oversight of monitoring and evaluation of health services						
1.	Facilitates access to the necessary resources to conduct periodic monitoring and evaluations.					
2.	The governing body itself evaluates the health services.					
3.	Makes sure that regular supportive supervision, monitoring and evaluation of health services takes place.					
4.	Encourages all relevant stakeholders to provide input into monitoring and evaluation processes.					
5.	Reviews evaluation results and utilizes these results to improve health service performance.					
C. Oversight for data and information management						
1.	Facilitates access to appropriate resources for data and information management.					
2.	Promotes broad-based participation and coordination among all entities active in data and information management tasks.					
3.	Reviews data and information management on a quarterly basis, and provides oversight and support for data and information management efforts.					
4.	Guides improvements in the overall data and information management.					
D. Oversight for health service delivery						
1.	Aligns the public and nongovernment organizations and the private sector responsible for delivery of health services.					
2.	Allows community monitoring of the delivery of health services.					
3.	Facilitates community input in problem identification and problem solving.					
4.	Conducts periodic reviews of health service delivery with special attention to services for vulnerable populations.					
E. Oversight of coordination, communication and inter-sectoral collaboration activities						
1.	Facilitates access to resources for coordination, communication, and inter-sectoral collaboration activities.					

#	Governance Standard	0%	1-25%	26-50%	51-75%	76-100%
2.	Establishes and oversees the implementation of policies to support activities to inform, educate, and empower people about health issues, and reviews these activities in light of community needs.					
3.	Makes sure that all population subgroups have an opportunity to provide input on health issues and health services.					
4.	Exerts influence across sectors to protect and promote the health of the community.					
F.	Supporting health service delivery					
1.	Ensures that the organization is providing quality health services through joint visits, assessment of the quality of service, and assistance in staff recruitment and training.					
2.	Encourages staff and health workers to articulate their issues in a timely manner.					
3.	Mobilizes community support for the organization.					
4.	Supports delivery of quality services to vulnerable populations.					
G.	Oversight of health resource management					
1.	Establishes and oversees the implementation of policies designed to assure efficient and effective use of physical, financial, and human resources and medicines and supplies.					
2.	Establishes and oversees the implementation of policies designed to assure improvements in workforce, management, and leadership quality.					
3.	Facilitates access to resources for workforce training, leadership development, and continuing education.					
4.	Provides for the training and continuing education of the governing body.					
5.	Assists in mobilizing resources for the health system and for health services.					
H.	Oversight of preventive and clinical services, environmental health services, and forensic medicine services					
1.	Oversees and supports the delivery of preventive and clinical services, environmental health services, and forensic medicine services.					
2.	Facilitates community monitoring of the delivery of these services.					
3.	Encourages community input into the delivery of these services.					
4.	Ensures transparency, accountability, and ethical and moral integrity in the provision of these services.					
I.	Oversight of strategic and annual planning					
1.	Maintains and annually reviews documentation of the mission statement.					
2.	Assesses and advocates for adequate resources for planning.					
3.	Supports planning for improvement in health of the population and works to strategically align with the community.					
4.	Oversees the implementation of the strategic and annual plans.					
J.	Oversight of management of health emergencies					
1.	Supports planning for emergency response and works to strategically align community resources for this purpose.					
2.	Facilitates access to appropriate resources for management of health emergencies.					
3.	Promotes broad-based participation and coordination among all entities active in the management of health emergencies.					
4.	Provides oversight and support for the management of health emergencies.					
K.	Nurturing community relationships and involvement					
1.	Ascertains people's preferences, needs, problems, challenges, and issues in health service delivery.					
2.	Mobilizes community input in the planning and implementation of health services.					
3.	Mobilizes community input in monitoring, evaluation, and ensuring accountability in health service delivery.					
4.	Provides relevant feedback to its stakeholders and the communities in the catchment area.					

End-of-the-Second-Day Evaluation of Sessions

The participants will evaluate the four sessions conducted during the day using a short questionnaire. In addition to the written feedback, the facilitator will give participants an opportunity to provide oral feedback.

Sessions 5 through 8 Evaluation Form

(Participants should not hesitate to give positive feedback and should not withhold negative feedback. Feedback on what will be important for improving these sessions for future audiences is especially welcome.)

1. *Did sessions 5 to 8 meet the learning objectives and did they meet your needs? Please explain.*

2. *What did you find was the most valuable part of these four sessions? What part was not of much use? Please explain why. We appreciate any other specific comments on the content of the four sessions.*

3. *Please provide specific comments on the structure of the sessions, mode of delivery of the sessions, their pace, structure of group exercises, reference and reading materials/handouts/guides/handbooks, etc.*

Session 9: Promoting competency-based governance

Session Design

During this session, participants will be introduced to key governing competencies, i.e., the capabilities, knowledge, and skills required to effectively discharge governance roles and responsibilities.

Personal capabilities	Knowledge and skills
<ol style="list-style-type: none"> 1. Accountability 2. Achievement orientation 3. Leading change 4. Collaboration 5. Community orientation 6. Impact and influence 7. Information seeking 8. Innovative thinking 9. Managing complexity 10. Organizational awareness 11. Professionalism 12. Relationship building 13. Strategic orientation 14. Talent development 15. Team leadership 	<ol style="list-style-type: none"> 1. Health care service delivery and performance 2. Health professional education, training, and practice 3. Business and finance 4. Human resources 5. Senior management experience

(Source: Center for Healthcare Governance. 2010. *Competency-Based Governance: A Foundation for Board and Organizational Effectiveness*. American Hospital Association, Health Research & Educational Trust, and Hospira. Chicago, IL.)

These core competencies constitute a mix of skills that a governing body requires its members to collectively possess . This mix of competencies is often referred to as a “competency matrix.” Ideally, an individual possesses at least one of these core competencies to be considered for appointment as a governing body member. These competencies can be developed through member training and professional development.

Effective governance by a governing body depends on the membership having an appropriate combination of competencies (skills and experience) and personal attributes (behavior and attitude) to support the organization’s mission, and ability to work together as a highly motivated team.

During this session, participants will refer to the skills profile of their own governing body and discuss how it compares with the matrix above of twenty core governance competencies. Participants will increase their understanding of the basic governing competencies needed in a governing body to govern well.

Trainer Goals

1. Introduce the twenty key governing competencies to the participants.
2. Help participants review the skills profile of their own governing body and discuss how it compares with the competency matrix of twenty core governing competencies.
3. Help participants identify, discuss, and describe key governing competencies required to govern well in their own setting.

Participant Goals

1. Get to know the twenty key competencies of a governing body.
2. Compare the skills profile of your governing body and discuss how it compares with the competency matrix of twenty core competencies.
3. Identify, discuss, and describe key governing competencies required to govern well in your own setting.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	<ul style="list-style-type: none"> ▶ Guide for Continuous Governance Enhancement ▶ Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust
15 minutes	2. Small group work session	Each group reviews the skills profile of their own governing body and discusses how it compares with the competency matrix of twenty core competencies. The group discusses competency gaps and	As above

Time	Activity	Focus	Relevant materials for reference
		other competencies needed to govern well and fulfill the organization's mission.	
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their governing competencies, competency gaps, and other competencies needed to govern well and fulfill the organization's mission. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants have achieved the learning objectives identified above.	As above

Required Reading

1. Guide for Continuous Governance Enhancement

Background Reading

1. Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust

Session Handouts

1. Governance Competency Mapping Tool
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on key governing competencies in their governing body.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives.

Competency Mapping Tool

*Information on age, gender, race/ethnicity, and number of years on the governing body is not related to governing competency. It is included to document diversity in the governing body.

	Current Members							Prospective Members				
	1	2	3	4	5	6	7	A	B	C	D	E
Age*												
19-34												
35-60												
51-65												
Over 65												
Gender*												
Male												
Female												
Race/Ethnicity*												
Number of years on the governing body*												
Personal competencies												
Accountability												
Achievement orientation												
Leading change												
Collaboration												
Community orientation												
Impact and influence												
Information seeking												
Innovative thinking												
Managing complexity												
Organizational awareness												
Professionalism												
Relationship building												
Strategic orientation												
Talent development												
Team leadership												
Knowledge and skills												
Health care service delivery and performance												
Health professional education, training, and practice												
Business and finance												
Human resources												
Senior management experience												
Other competencies												

	Current Members							Prospective Members						

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 10: Establishing infrastructure for effective governance

Governance infrastructure consists of people who govern, governance structures (governing body, committees, etc.), governance policies, governing body meetings, governance relationships, governance information system and the technologies that support them. The table below gives examples.

Governance Infrastructure					
People	Structures	Policies	Effective meetings	Relationships	Governance technologies
Members of the governing body with governing competencies needed to fulfill the organization's mission	Governing body, its committees, advisory bodies, and task forces	e. g., oversight, ethics, and conflict of interest; clear roles and responsibilities; term limits; orientation and education of members; governing body self-assessments	<ul style="list-style-type: none"> • Calendar of themed meetings • Meeting agendas • Meeting venues 	<ul style="list-style-type: none"> • With management • With health providers and health workers • With patients and communities • With other stake-holders 	<ul style="list-style-type: none"> ■ Governing body information system ■ Governing body web portal

Session Design

During this session, participants will be introduced to twenty elements of governance infrastructure that a governing body needs for effective governance.

1. Governing body of optimum size
2. Clear roles and responsibilities of the governing body
3. Competencies of members
4. Term limits
5. Committees structure of the governing body
6. Governing body meetings
7. Calendar of themed meetings
8. Meeting agendas
9. Meeting venues
10. Chief executive officer oversight
11. Ethics and conflict of interest
12. Orientation and education of members
13. Governing body self-assessments
14. Relationship with the Ministry of Health
15. Relationship with other providers
16. Relationship with physicians
17. Relationship with advisory councils
18. Relationship with the media
19. Governing body information system
20. Governing body web portal

Participants will review their own governance infrastructure and discuss how their governance infrastructure compares with the twenty key elements listed above. Participants will increase their understanding of the basic governance infrastructure a governing body needs for effective governance.

Trainer Goals

1. Introduce the twenty key elements of infrastructure a governing body needs for effective governance.
2. Help participants compare their own governance infrastructure with these twenty elements.
3. Help participants identify, discuss, and describe the governance infrastructure elements required to govern well and the infrastructure gaps that exist in their own setting.

Participant Goals

1. Get to know the key elements of infrastructure a governing body needs for effective governance.
2. Compare your own governance infrastructure with these key elements.
3. Identify, discuss, and describe the governance infrastructure required to govern well and the infrastructure gaps that exist in your setting.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	► Guide to Good Governance for Hospital Boards by the Center for Healthcare Governance of the American Hospital Association
15 minutes	2. Small group work session	The group work is focused on practical ways to improve the infrastructure available to support enhanced governance decision making in the settings where participants govern. Each group reviews its own governance infrastructure against the twenty key elements	As above

Time	Activity	Focus	Relevant materials for reference
		of infrastructure a governing body needs for effective governance and discusses how they compare. Each group also discusses the key infrastructure gaps that come in the way of governing well and fulfilling the organization's mission. Each group recommends a series of governance infrastructure investments that have the potential to improve the effectiveness of their governing body.	
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their current governance infrastructure and key gaps. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the two groups and makes written notes as to whether participants have achieved the learning objectives identified above.	As above

Required Reading

1. Guide to Good Governance for Hospital Boards by the Center for Healthcare Governance of the American Hospital Association

Session Handouts

1. Governance Infrastructure Mapping Tool
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their key governance infrastructure and infrastructure gaps.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives identified above.

Governance Infrastructure Mapping Tool

Instructions for the participants: Answer yes/no on whether the element is critical to your organization’s mission, and rate the current infrastructure available to your governing body on a scale of 1 to 5 where 1 is the lowest score and 5 is the highest score, and in the last column, note actions for the infrastructure items which you consider are feasible and useful in your situation, etc.

Element of Governance Infrastructure	Whether critical to fulfill the organization’s mission	Rating of the extant infrastructure					What should be done to establish this infrastructure?
		1	2	3	4	5	
Governing body of optimum size							
Clear roles and responsibilities of the governing body							
Competencies of members							
Term limits of the members							
Committees structure of the governing body							
Governing body meetings							
Calendar of themed meetings							
Meeting agendas							
Meeting venues							
Chief Executive Officer oversight							
Ethics and conflict of interest policy and its implementation mechanism							
Orientation and education of members							
Governing body self-assessments							
Relationship with the Ministry of Health							
Relationship with other providers							
Relationship with physicians							
Relationship with advisory councils							
Relationship with the media							
Governing body information system							

Element of Governance Infrastructure	Whether critical to fulfill the	Rating of the extant infrastructure						What should be done to establish this infrastructure?
Governing body web portal								
Other governance infrastructure needed in your setting to govern well								

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 11: Governance enhancement planning

Session Design

During this session, participants will develop a “Governance Enhancement Plan” for their own governing body and an action plan to improve two to three strategic measures of their hospital’s performance. Based on the five guides and discussions in the earlier Governance Academy sessions, they will prepare the governance enhancement plan and action plan, and define how best to ensure their implementation and periodic refinement.

Trainer Goal

Help participants develop a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their hospital’s performance, and also appreciate the value of implementing these plans.

Learning Objectives

1. Brainstorm and outline a governance enhancement plan for your governing body based on the discussions during the academy.
2. Identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance.
3. Outline an action plan comprising specific and concrete action steps that the governing body will take for consistent application of the five effective governing practices over six to twelve months to influence the two to three strategic measures of organizational performance.
4. Present the governance enhancement plan and governance action plan.

By the end of Session 11, participants will have developed a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their hospital’s performance.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
20 minutes	1. Presentation by the facilitator	1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide	► Guide for Continuous Governance Enhancement and the other four guides

Time	Activity	Focus	Relevant materials for reference
30 minutes	2. Small group work session	Each group reviews the illustrative formats for governance enhancement planning and adapts one for their purpose and context.	As above
60 minutes	3. Small group work session	Each group brainstorms and develops a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their hospital's performance.	As above
10 minutes	4. Individual review	Each participant reviews the governance enhancement plan and the action plan.	As above
55 minutes	5. Plenary discussion	A group makes a presentation to the other groups on their governance enhancement plan and action plan. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether the participants have a robust and practical plan for enhancing governance and organizational performance through governance in their setting.	As above

Required Reading

1. Guide for Continuous Governance Enhancement
2. Guide for Cultivating Accountability
3. Guide for Engaging Stakeholders
4. Guide for Setting a Shared Strategic Direction
5. Guide for Stewarding Resources
6. Appendix 1 and 2 of this handbook for samples of governance development plans

Session Handouts

1. Guide for Continuous Governance Enhancement
2. Illustrative format for governance enhancement planning
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups of their governance enhancement plans and action plans.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives identified above.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 12: Evaluating the learning experience

Learning Objectives

1. Evaluate the learning experience.
2. Make suggestions for its improvement for future participants.
3. Discuss next steps the governing body will take in the coming six to twelve months.

During the concluding one-hour session, using Governance Knowledge Assessment Instrument, participants will evaluate their learning experience during the training. This instrument is administered in the introductory session to record the baseline, i.e., before the Governance Academy training begins and once again in the concluding evaluation session to record the level of governance knowledge at the end of the academy.

Pre- and Post-Governance Academy Governance Knowledge Assessment Instrument

1. I know how to enhance my personal accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

2. I know what actions governance leaders can take to enhance the accountability of the health organization to its external stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

3. I know what essential steps governance leaders should take to cultivate internal accountability in their organization/health system.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

4. I know how governance leaders can enhance accountability among health workers, health providers, and health managers and make them more accountable.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

5. I know what necessary steps governance leaders should take to make their organization become transparent and appear transparent in its decision making.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

6. I know three concrete mechanisms for establishing social accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

7. I know at least two concrete ways to use technology for supporting accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

8. I know how governing body oversight differs from micro-management.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

9. I know at least three different ways of engaging with stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

10. I know what governance leaders should do to establish trust in the inter-relationships among communities, health workers, health providers, senior management, and governance leadership.



Not at all 1 2 3 4 5 6 7 8 9 10 Fully

11. I know what steps should be taken to achieve better collaboration among the many different sectors /organizations that impact health.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

12. I know at least three different ways in which governance decision making can be made more gender-responsive.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

13. I know what actions governance leaders should take to establish a shared strategic vision among key stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

14. I know how governance leaders create a shared strategic plan.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

15. I know what governance leaders do to make implementation of their strategic plan a success.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

16. I know what governance leaders do to practice ethical and moral integrity.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

17. I know what senior management can do to increase efficiency and sustainability of the services the health service organization provides.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

18. I know how governance leaders can use information, evidence, and technology for the ethical and efficient use of resources.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

19. I know several different actions that governance leaders can take to reduce corruption in the health organization.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

20. I know several different ways in which measurement of results can be used to improve the organization's/health system's performance.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

21. I know what competencies are necessary for good governance.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

22. I know what actions governance leaders should take to build diversity in their governing body.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

23. I recognize the value of a good orientation for governing body members and their ongoing governance education.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

24. I know different ways of conducting governing body self-assessments.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

25. I know how the results of governance assessments can be used for governance enhancement.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

26. I know a process that can be used for continuous governance enhancement planning.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

27. I know what a chairperson should do to conduct effective governing body meetings.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

28. I know several governance policies at least by name.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

29. I know at least two governance technologies that governance leaders can use to make the governance process more efficient.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

30. I know what governance leaders should do to govern well.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

Appendix 1: Hospital Governing Body Governance Development Plan

I—Structure of the Governing Body

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Governing Body Composition				
1.	The governing body has a formal recruitment program that emphasizes organizational needs and required competencies.				
2.	The governing body has a long-range plan to further strengthen its composition, especially people from other spheres who add skill sets and varied perspectives (knowledge-based, demographic, and geographic) that lack representation on the governing body.				
	Calendar of Meetings				
3.	The governing body has evaluated meeting frequency to determine the optimal number of meetings and meeting duration.				
4.	The governing body publishes and updates the calendar at the beginning of each year.				
5.	The governing body has a strategy review and development meeting / retreat annually.				
6.	The governing body has a calendar for committee meetings.				
7.	The governing body includes in its annual calendar at least one formal, special meeting with policy makers, and at least one special meeting with community leaders.				
	Governing Body Meeting Agendas				
8.	The governing body strives to spend 60 percent of meeting time in most meetings focused on strategic and future issues, rather than on management and committee reports.				
9.	The governing body requires one-page executive summaries by management for all information items and action proposals.				
10.	The governing body requires management summaries to spell out management’s conclusions, assessment of pros and cons, and clear recommended course of action.				
11.	Governing body meetings periodically have time set aside for member education on current issues in health policy, community concerns, organizational concerns, etc.				
	Information				
12.	The governing body requires less but higher-quality information.				
13.	The governing body insists on greater reliance on dashboard and graphic indicators.				
14.	The governing body makes use of the electronic				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	exchange of information.				
	Self-Assessment				
15.	The governing body seeks to continuously improve its own performance by conducting an annual assessment of the governing body as a whole.				
16.	The governing body seeks to continuously improve its own performance by conducting an annual assessment of individual members.				
17.	The governing body commits to remain educated on priority issues and come well prepared for meetings and interactions.				
	Bard Committees				
18.	Governing body committees and task forces have specific charters and roles and responsibilities.				
19.	Committees are comprised of well-qualified members, and the governing body has considered representation from outside the governing body.				
20.	Committees have efficient operating rules.				
21.	Committees have a strategic direction.				
22.	Committees have an annual action plan.				
	Governing Body Education				
23.	The governing body has a formal program for its own orientation and ongoing education.				
24.	The governing body has an annual education plan that is reflected in the organization's budget for governing activities and support.				

II—Attributes of the Governing Body

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Structure				
25.	The governing body is large enough to offer a diversity of views, yet small enough to be efficient.				
26.	Committees and task forces have specific charters, well-qualified members, and efficient operating rules.				
27.	The governing body redesigns governance based on opportunities to produce improved outcomes.				
	Leadership Effectiveness				
28.	The governing body behaves in a professional manner.				
29.	The governing body is not reluctant to challenge strategic thinking of management.				
30.	The governing body understands the difference between management and governance, and strives to stay out of internal organizational operations				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	and day-to-day management.				
31.	The governing body is team-oriented and comprised of team players.				
32.	The governing body uses excellent decision-making techniques.				
33.	The governing body understands health policy issues, challenges, and impacts.				
34.	Members are leaders who know how to encourage innovation and welcome organizational change.				
35.	The governing body confronts barriers to organizational transformation and innovation.				
36.	The governing body deals efficiently and effectively with unplanned change.				
37.	The governing body focuses on vision and outcomes versus programs and actions.				
38.	Governing body members are open to alternative views and challenge conventional wisdom.				
39.	Governing body members think in terms of the future and can envision various scenarios and their implications.				
	Governing Body Culture				
40.	The governing body has a shared governance vision.				
41.	The governing body has a culture that embraces change and has an orientation that embraces results.				
42.	The governing body views change as a creator of opportunities versus viewing change as a threat.				
43.	The governing body capitalizes on the knowledge, insights, and experiences of its members.				
44.	The governing body successfully adapts to a complex, fast-paced environment.				
45.	The governing body makes rapid and informed decisions.				
46.	The governing body synthesizes important information into knowledge for strategic advantage.				
	Chief Executive Evaluation				
47.	The governing body has comprehensive, clear criteria for chief executive evaluation.				
48.	The governing body and chief executive agree on scope, purpose, and how evaluation is tied to the chief executive's compensation.				
49.	The evaluation has specific performance goals related to strategic success.				
50.	The evaluation process works effectively to attract/retain quality management leadership.				
	Governing Body Membership and Selection				
51.	The governing body has a competency-based selection process that is matched to its strategic needs.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
52.	Each member has an expertise profile.				
53.	The selection process ensures diverse, well-qualified, and dedicated people.				
54.	Recruitment is based on future governing body needs (at least three years in the future).				
55.	The governing body has evaluated whether term limits do or would work well for its overall performance.				
	Governing Body Self-Assessment				
56.	The governing body conducts an annual self-assessment of the governing body as a whole.				
57.	The governing body conducts assessments of individual members, and uses the outcomes of these assessments in reappointment decisions.				
58.	The governing body uses the assessment process to identify specific governance improvement opportunities, and has included these in an annual plan for improvement.				
	Strategic Decision Making				
59.	Governing body meeting agendas match strategic issues and priorities.				
60.	The governing body devotes at least 60 percent of its time to strategic and policy issues; it generates key insights and wisdom versus simply gathering information.				
61.	Governing body discussion is future-oriented.				
62.	Management provides the governing body with well thought-out options and alternatives.				
63.	The governing body provides strategic guidance to management.				
64.	The governing body continually scans the environment for meaningful change that is critical to the organization.				
65.	The governing body anticipates health service user needs rather than reacts to them.				
66.	The governing body strategically invests in new core competencies.				
67.	The governing body can rapidly modify strategic direction as circumstances change.				
	Stakeholder Relationships				
68.	The governing body understands key stakeholders' perceptions.				
69.	The governing body develops responses to community needs.				
70.	The governing body has clearly defined the organization's values, and has committed to exceeding expectations and enhancing stakeholder satisfaction.				
71.	The governing body knows how to build collaborative relationships.				
72.	The governing body understands and develops				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	effective responses to the interests and needs of clients.				
73.	The governing body has an active advocacy program to ensure that civic, state, and national leaders understand key issues related to the health sector.				
74.	The governing body has defined what success will look like as a result of governance and organizational change.				
	Governing Body Education and Orientation				
75.	The governing body has a written policy and budget for education and development.				
76.	New members receive a thorough orientation.				
77.	The governing body has an active ongoing education program tied to strategic challenges.				
78.	The governing body has a peer-to-peer mentoring program.				
79.	Governing body meetings typically include an education component.				
80.	The governance development process includes governance issues, education, and self-assessment				

III—Governing Body Practices

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Governing Body Composition				
	Duty of Care				
81.	The governing body requires that new members receive education on their fiduciary duties.				
82.	The governing body regularly reviews policies that specify its major oversight responsibilities at least every two years.				
83.	The governing body reviews the financial feasibility of projects before approving them.				
84.	The governing body considers whether new projects adhere to the organization’s strategic plan before approving them.				
85.	The governing body receives important background materials at least one week in advance of meetings.				
86.	The governing body has specified minimum meeting attendance requirements in a written policy.				
87.	The governing body ensures effective committee structure by updating committee charters annually.				
88.	The governing body oversees but doesn’t				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	“repeat” its committees’ work.				
89.	The governing body secures expert, professional advice before making major financial and/or strategic decisions.				
	Duty of Loyalty				
90.	The governing body has adopted a conflict of interest policy.				
91.	The governing body’s conflict of interest policy contains specific criteria for when a member’s material conflict of interest is so great that the member should no longer serve on the governing body.				
92.	Governing body members complete a conflict of interest disclosure statement annually.				
93.	The governing body assesses the adequacy of its conflict of interest statement at least every two years.				
94.	The governing body has adopted a specific code of ethics and conduct.				
95.	The governing body enforces a written policy on confidentiality that requires members to refrain from disclosing confidential governing body matters.				
96.	The governing body enforces a written policy that states that deliberate violations of conflict of interest constitute grounds for removal from the governing body.				
97.	The governing body’s enforcement of the organization’s conflict of interest policy is uniformly applied across all members of the governing body.				
98.	The governing body ensures that the tax filing meets the highest standards for completeness and accuracy.				
	Duty of Obedience				
99.	The governing body oversees a formal assessment at least every two years to ensure fulfillment of the organization’s mission.				
100.	The governing body ensures that the organization’s written mission statement correctly articulates its fundamental purpose.				
101.	The governing body rejects proposals that put the organization’s mission at risk.				
102.	The governing body has approved a “code of conduct” policies/ procedures document that provides ethical requirements for governing body members, employees, and consultants.				
103.	The governing body has approved a “whistleblower” policy that specifies the following: the manner by which the organization handles employee complaints and allows employees to report in confidence any suspected misappropriation of charitable assets.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Financial Oversight				
104.	The governing body approves the organization's capital and financial plans.				
105.	The governing body reviews information at least quarterly on the organization's financial performance against plans.				
106.	The governing body demands corrective actions in response to under-performance on capital and financial plans.				
107.	The governing body requires that the organization's strategic and financial plans are aligned.				
108.	The governing body monitors the organization's debt obligations and investment portfolio.				
109.	Governing body members responsible for audit oversight meet with external auditors, without management, at least annually.				
110.	The governing body has a written external audit policy that makes it responsible for approving the auditor as well as approving the process for audit oversight.				
111.	The governing body has created a separate audit committee (or another committee or subcommittee specific to audit oversight) to oversee the external and internal audit functions.				
112.	The governing body has adopted a policy that specifies that the audit committee (or other committee/subcommittee whose primary responsibility is audit oversight) must be composed entirely of independent persons.				
	Quality Oversight				
113.	The governing body reviews quality performance measures (using dashboards, balanced scorecards, or some other standard mechanism for governing body-level reporting) at least quarterly to identify needs for corrective action.				
114.	The governing body devotes a significant amount of time on its meeting agenda to quality issues/discussion at most governing body meetings.				
115.	The governing body reviews the quality of its performance by comparing its current performance to its own historical performance.				
116.	The governing body has a standing quality committee.				
117.	The governing body reviews client satisfaction/client experience scores at least annually.				
118.	The governing body participates at least annually in education regarding issues related to its responsibility for quality of work in the organization.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
119.	The governing body has adopted a policy that requires the organization to report its quality performance to the general public.				
	Setting Strategic Direction				
120.	The full governing body actively participates in establishing the organization's strategic direction, such as creating a long-range vision, setting priorities, and developing/approving the strategic plan.				
121.	The governing body is engaged in ongoing education about the critical strategic issues challenging the organization.				
123.	The governing body requires that all plans in the organization (e.g., financial, capital, operational, quality improvement) be aligned with the organization's overall strategic plan/direction.				
124.	The governing body evaluates proposed new programs or services using such factors as financial feasibility, market potential, impact on quality, and so forth.				
125.	The governing body discusses the needs of all key stakeholders when setting strategic direction for the organization (i.e., clients, employees, and the community).				
126.	The governing body considers how the organization's strategic plan addresses client needs before approving the plan.				
127.	The governing body requires that major strategic projects specify both measurable criteria for success and who is responsible for implementation.				
128.	The governing body sets annual goals for its and its committees' performance that support the organization's strategic plan/direction.				
129.	The governing body spends more than half of its meeting time during most meetings discussing strategic issues as opposed to hearing reports.				
130.	The governing body has adopted policies and procedures that define how strategic plans are developed and updated (e.g., who is to be involved, time frames and the role of the governing body, management, physicians, and staff).				
131.	The governing body requires management to have an up-to-date staff development plan that identifies the organization's needs.				
132.	The governing body reviews an up-to-date client needs assessment at least every two years to understand issues among the clients served.				
	Self-Assessment and Development				
133.	The governing body engages in a formal process to evaluate its own performance at least every two years.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
134.	The governing body uses the results from the process to establish its performance improvement goals.				
135.	The governing body uses a formal orientation program for new members.				
136.	The governing body ensures that governing body members receive support for ongoing member education.				
137.	The governing body assesses the organization's bylaws/structures at least every three years.				
138.	The governing body uses competency-based criteria when selecting new members.				
139.	The governing body uses a formal process to evaluate the performance of individual members.				
140.	The governing body has established performance requirements for member reappointment.				
141.	The governing body has a mentoring program for new members.				
142.	The governing body uses an explicit process of leadership succession planning to recruit, develop, and choose future governing body chair and committee chairs.				
	Management Oversight				
143.	The governing body follows a formal process for evaluating the chief executive's performance.				
144.	The governing body and chief executive mutually agree on the chief executive's written performance goals prior to the evaluation.				
145.	The governing body requires that the chief executive's compensation package is based, in part, on the chief executive performance evaluation.				
146.	The governing body convenes executive sessions periodically without the chief executive in attendance to discuss the chief executive's performance.				
	Advocacy				
147.	The governing body reviews a survey of client perceptions of the organization at least every three years.				
148.	The governing body has a written policy establishing its role in mobilizing resources.				
149.	The governing body expects individual members to engage in advocacy efforts with legislators and policymakers.				
150.	The governing body has adopted a policy regarding information transparency, explaining to the organization's clients in understandable terms its performance on measures of quality, pricing, and customer service.				

(Source: Adapted from The Governance Institute. 2010. *Elements of Governance. Governance Development Plan*. San Diego, CA.)

Appendix 2: Case study for reflection

Improving Hospital Governance in Lagos State of Nigeria

On January 11, 2011, senior leaders of 24 public and private hospitals in Lagos State of Nigeria were invited to a workshop to define actions that they believed would help improve governance and performance of their hospitals. They were asked to identify at least one action they believed should occur within the next nine days, the next nine weeks, and the next nine months. Their top suggestions in each time frame were as follows:

Actions within nine days

1. Develop a clear statement of the relative roles and responsibilities of governing body members compared to management.
2. Explore ways to have fewer and more effective governing body meetings.
3. Publish the calendar of meetings for the next 18 months.
4. Make more time in the governing body meeting agendas for strategic discussions and devote less time to ongoing issues through routine reports.
5. Establish an annual "Governing Body Effectiveness Plan."

Actions within nine weeks

1. Ask management to provide a report on high-level performance measures for finance, human resources, and quality.
2. Initiate joint governing body-and-physicians work group to study ways to improve quality processes and performance in the outpatient department.
3. Develop a master list of the top ten challenges facing the hospital in the coming year, and define actions to meet them.
4. Conduct a formal assessment of the governing body and its committees.
5. Provide a report to the communities served on how the governing body is governing on their behalf.

Actions within nine months

1. Establish a "Governing Body Level Performance Dashboard"
2. Develop governing body work procedures and policies that consider best practices from other countries.
3. Establish a governance committee for continuous governance enhancement and develop an annual plan for governing body education on key topics.
4. Pursue a culture of performance measurement and also of "praise and celebration."
5. Assess and update the strategic plan of the hospital.

One message that was clearly heard from the senior leaders who govern and manage hospitals in Lagos State was that leaders who govern are often not fully aware of their governing role, their governance responsibilities, and the behaviors that people expect from them. They often do not have a clear idea of how to go about improving their governance processes. There is a need to shine a spotlight on what governance and management leaders can do to enhance the way their organizations are governed, if hospitals and health institutions are to achieve higher levels of performance.

Appendix 3: Want to learn more?

Govern4Health App

(Available on the Apple App Store and the Android Market)

This app is created to provide health leaders with basic information on the essential practices of good governance. The Govern4Health app aims to demystify health governance by providing practical actions for health leaders, managers, and people who govern. Unlike traditional methods of learning, the Govern4Health app provides a highly interactive way for users to learn about implementing good governance through different quizzes, discussion forums, and governing tips which can be accessed at any time. The app also offers evidence on why governance matters, along with a tool to assess gender responsiveness and tips on how to continually enhance governance.

LMG governance guides and handbooks

The guides contain best practices, tools and references, and resources for good governance. Training Facilitation Handbooks are designed to accompany the guides and are meant to be used by training facilitators to deliver the contents of the guides following a structured methodology. Separate handbooks are available for training governance leaders of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers. The LMG governance guides and handbooks are available at <http://www.lmgforhealth.org/expertise/governing>

Guides

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

Handbooks

1. Training Facilitation Handbook for the Ministry of Health Governance Leaders and Staff
2. Training Facilitation Handbook for Provincial Health Office Governance Leaders and Staff
3. Training Facilitation Handbook for District Health Office Governance Leaders and Staff
4. Training Facilitation Handbook for Hospital Governance Leaders and Staff
5. Training Facilitation Handbook for Health Center Governance Leaders and Staff

LeaderNet

LeaderNet is a virtual community of health professionals, managers, facilitators, and technical experts who are interested in improving the leadership, management and governance of health services and programs. LeaderNet offers multilingual online seminars, tools and resources on leadership, management and governance, and networking opportunities for health professionals around the world. You may join LeaderNet community of practice at [http://leadernet.msh.org/!](http://leadernet.msh.org/)

Governance guides and handbooks from other organizations

1. Healthy NHS Board
<http://www.leadershipacademy.nhs.uk/discover/the-healthy-nhs-board/>
2. Good Governance Institute <http://www.good-governance.org.uk/publications/>
3. Healthcare Quality Improvement Partnership
<http://www.hqip.org.uk/assets/Guidance/GGI-HQIP-Good-Governance-Handbook-Jan-2012.pdf>
4. Institute of Healthcare Improvement
<http://www.ihl.org/resources/Pages/Tools/HowtoGuideGovernanceLeadership.aspx>
5. Governance Center of Excellence <http://www.thegce.ca/Pages/default.aspx#5>
6. IPPF Code of Good Governance <http://www.ippf.org/resource/IPPF-Code-Good-Governance>
7. IPPF Governance Handbook
<http://www.ippf.org/resource/Welcome-Board-governance-handbook>
8. Center for Healthcare Governance
<http://www.americangovernance.com/americangovernance/resources/blueribbon.html>
<http://www.americangovernance.com/resources/reports/guide-to-good-governance/>
9. CDC Local Public Health Governance Performance Assessment
<http://www.cdc.gov/nphpsp/documents/final-governance-ms.pdf>
http://www.cdc.gov/nphpsp/documents/governance/07_110300-gov-booklet.pdf
10. WHO
http://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_Governance.pdf
11. MSH Pharmaceuticals and the Public Interest: The Importance of Good Governance
<https://www.msh.org/resources/pharmaceuticals-and-the-public-interest-the-importance-of-good-governance>
12. Effective Governance for Quality and Patient Safety in Canadian Healthcare Organizations
<http://www.patientsafetyinstitute.ca/English/research/PatientSafetyPartnershipProjects/governanceForQuality/Documents/Full%20Report.pdf>
13. Governance Guide for Primary Health Organizations
<http://www.nzdoctor.co.nz/media/265830/governanceguideforphosdraft07.pdf>
14. Good governance guide helping local governments govern better
<http://www.goodgovernanceguide.org.au/>
15. Good Governance Institute of Australia
<http://www.governanceinstitute.com.au/knowledge-resources/good-governance-guides/>

16. Good governance guide for public sector agencies
<http://www.publicsector.wa.gov.au/public-administration/public-sector-governance/good-governance-guide-public-sector-agencies>
17. Practical Guide to Collaborative Governance and Training Manual
http://www.policyconsensus.org/publications/practicalguide/collaborative_governance.html
18. ELDIS
http://www.eldis.org/go/topics/resource-guides/health-systems/governance-and-health#.U3mtp_YU-wl
19. DIY committee guide <http://www.diycommitteeguide.org/resource/governance-health-check>
20. National Association of Local Boards of Health <http://nalboh.org>
21. National Association of Public Hospitals and Health Systems www.naph.org
22. National Center for Healthcare Leadership <http://www.nchl.org/>
23. Great Boards <http://www.greatboards.org/>
24. BoardSource
<https://www.boardsource.org/eweb/DynamicPage.aspx?Site=bds2012&WebKey=6d3c3e6f-9d8c-441b-946c-f5a41d1e4b86>
25. UNDP Oslo Governance Center Assessing Governance to Achieve Health and Education Goals
http://www.undp.org/content/undp/en/home/librarypage/democratic-governance/oslo_governance_centre/assessing-governance-to-achieve-health-and-education-goals/

Continued governance education opportunities

Many continued governance education opportunities are currently available if you would like to continue learning. We have listed several such opportunities below.

1. e-Institute of the World Bank
 - a. *e-courses*
 - 1) Introduction to Social Accountability
 - 2) Social Accountability Tools for the Africa Region
 - 3) ICT for Social Accountability
 - 4) Gender Equality and Development
 - 5) Health Outcomes and the Poor
 - 6) Management in Health
 - 7) Results Based Financing in Health
 - 8) Strengthening the Essential Public Health Functions: Part I, II and III

Part I covers introductory module and basis and organization of health systems: (i) Health Situation Monitoring; (ii) Surveillance and Risk Control; (iii) Human Resource Development; (iv) Emergencies and Disasters.

Part II covers strategy and policy: (v) Policy Development; (vi) Regulation; (vii) Health Promotion; and (viii) Research.

Part III covers Track 3: Access and Quality: (ix) Quality of Services; (x) Equitable Access; (xi) Social Participation; and (xii) Inter-sectoral Action for Health.

b. Webinars

Introduction to Principles and Guidelines for Better Governance in Hospitals
<http://einstitute.worldbank.org/ei/webinar/themes/improving-governance-and-social-accountability-in-health-care-services-delivery>

Improving Health Service Delivery in Uganda: A Multistakeholder Approach
<http://einstitute.worldbank.org/ei/webinar/improving-health-service-delivery-uganda-multistakeholder-approach>

c. eCommunities

<http://einstitute.worldbank.org/ei/community>

An e-community is a web site where people and practitioners from around the globe who share common concerns get together to exchange ideas, experiences, resources, challenges and possible solutions, and tools on a specific subject. You will find several online learning communities at the above site. Governance and Health Systems (Electronic Network of Procurement Practitioners (eNePP)) and Governance (Voices against Corruption Youth Network) are two examples. You may join the communities of practice of your interest.

2. Online courses from other institutions

1) Maastricht University

<http://mgsog.merit.unu.edu/education/onlinecourses.php?cat=governance>

Governance is a complex concept which is often used but not always correctly understood. It is an elusive notion, defined and measured in various ways. Sometimes, the idea of governance is differently placed in practice or wrongly conceptualized theoretically. This course guides participants through key theoretical debates surrounding the concept of governance while at the same time presenting a range of empirical examples to illustrate how governance works in practice. The framework of the course comprises and tackles the following facets of governance: governance as an analytical term, governance and public administration, governance and globalization, governance as decision-making, (good) governance and international organizations. The target group of this course is oriented but not limited to students, policy practitioners, NGOs staff, civil and international servants.

The course is structured in 5 learning modules stretched across 10 weeks. The learning process will feature a series of online lectures, tutorial supervision, online movie screenings, and assignments. The design of the course is structured as such as to allow mobility in the work and schedule for every participant. Course fee is 250 – 400 euro.

2) Wisdom center

<http://www.wisdomnet.co.uk/courses/clinical-governance>

This short training course is for clinicians and health service managers. It provides a comprehensive introduction to clinical governance and risk management, and how they can be used to deliver excellence in clinical care. Training is delivered entirely online. You can start at any time and take as long as you wish to complete the training. Most participants prefer to study one topic a week (approximately two hours study time), spreading it over a ten-week period.

The course has been divided into 10 topics, covering the key elements of clinical governance and risk management, that include Finding and using evidence, EBP and guidelines, Patient and Public Involvement, Accountability, performance and underperformance, Risk management, Audit, effectiveness and coding, Patient safety and significant event audit, and Data security and Confidentiality.

3) UNESCO

Online Course on Governance of Decentralized Sanitation

<http://www.unesco-ihe.org/online-course-governance-decentralized-sanitation>

The overall objective of this course is to provide participants with an understanding of policy and management challenges with reference to peri-urban sanitation services.

4) The Governance Institute

<http://www.governanceinstitute.com.au/learning/short-courses-certificates/>

Governance Institute's Certificate courses provide knowledge and skills for those in a governance role who are responsible for the corporate accountability functions of an organization and who require a broad understanding of their governance responsibilities and the skills required to carry them out. This can be in a public or proprietary company, a not-for-profit, public sector or other organization.

5) Online Health Governance Development Program

<http://www.cha.ca/online-health-governance-development-program-to-launch/>

The Canadian Healthcare Association (CHA) has launched the Governance Development Program (GDP) – a distance learning program designed to support the training of health sector boards of directors. The GDP is a series of online courses aimed at developing and strengthening key health governance competencies. This series of courses focuses on essential governance skills and knowledge. CHA has another course in the series: Governing for Quality and Safety.



Training Facilitation Handbook

Governance Enhancement Course for Health Center Governance Leaders and Staff

June 2014



Funding was provided by the United States Agency for International Development (USAID) under Cooperative Agreement AID-OAA-A-11-00015. The contents are the responsibility of the Leadership, Management, and Governance Project and do not necessarily reflect the views of USAID or the United States Government.

Table of contents

Acknowledgements.....	4
Introduction	5
Learning Plan.....	9
Instructions for Facilitators	11
Session 1: Accessing the Governance Resource Suite	31
Session 2: Applying the Challenge Model.....	38
Session 3: Reviewing roles and responsibilities of a governing body.....	43
Session 4: Cultivating accountability.....	47
Session 5: Engaging stakeholders	54
Session 6: Setting a shared strategic direction	61
Session 7: Stewarding resources.....	67
Session 8: Assessing and enhancing governance.....	74
Session 9: Promoting competency-based governance.....	85
Session 10: Establishing infrastructure for effective governance.....	91
Session 11: Governance enhancement planning.....	97
Session 12: Evaluating the learning experience.....	101
Appendix 1: Health Center Governing Body Governance Development Plan.....	106
Appendix 2: Case study for reflection.....	115
Appendix 3: Want to learn more?	117

Acknowledgements

This work was funded by the United States Agency for International Development (USAID) through the Leadership, Management, and Governance (LMG) Project. The LMG Project team thanks the staff of the USAID Office of Population and Reproductive Health, in particular the LMG Project Agreement Officer's Representative and her team for their constant encouragement and support.

This training handbook and the accompanying guides on governance represent the collective effort and input of many experts in public health leadership, management, and governance. The LMG Project would like to take a moment to acknowledge the individuals who have made these materials possible.

We would like to thank members of the LMG team for their dedication to the learning opportunity these handbooks provide. Dr. Mahesh Shukla, Senior Technical Advisor on Governance, and Dr. James A. Rice, Project Director, have been instrumental in creating and shaping these handbooks on governance. Ummuro Adano, Lourdes de la Peza, Stephanie Calves, and Sarah Johnson served as internal reviewers and their suggestions have been very useful. The support of Xavier Alterescu, Megan Kearns, Laura Lartigue, Jeremy Malhotra, Elizabeth Walsh, Dana Bos, and Alison Ellis has been critical to the completion of these handbooks.

LMG would also like to thank other colleagues at Management Sciences for Health (MSH), specifically Karen Chio and Sharon May, for their instructional design review and inputs. A special thanks to MSH Ethiopia for giving us an opportunity to pilot test the handbooks and for providing essential feedback on their practical application.

The LMG Project team thanks the hundreds of leaders, managers, and people who govern in the health sector and health institutions in low- and middle-income countries, who spent substantial time in taking our surveys and interviews in 2012. The five effective governing practices were identified based on insights they shared during these inquiries. Special thanks are extended to the three Provincial Public Health Coordination Committees and eleven District Health Coordination Committees in Afghanistan who pilot tested the five governing practices with encouraging results.

Finally, LMG would like to thank all of the individuals and organizations striving to improve health sector governance all over the world. We hope this handbook and the accompanying governance guides will serve as valuable resources for continued support of good governance.

Introduction

Effective governance is *the big enabler* for those who lead, manage, and deliver health services that result in better health care and health gains. This training handbook is designed to facilitate the governance orientation and continuing governance education and enhancement of the people invited to serve on governing bodies of the health centers. Similar handbooks have been developed to facilitate governance enhancement in the ministries of health, provincial health systems, district health systems and hospitals. The training handbooks are expected to be used by the facilitators in conjunction with the five guides on effective governing practices.

Governance Learning Experiences Design

The learning experiences this handbook facilitates have the following essential characteristics:

- Practical and interesting for persons at all levels of education and experience.
- Focused on important challenges known to frustrate or facilitate effective governance in diverse governing bodies.
- Use experiential learning in which participants tap into their own situations, problems, and experiences to bring the learning concepts, tools, and materials to life.
- Guided by evidence from low- and middle-income countries on what actually works, participants' knowledge and experiences are enhanced, leading to more effective governance of health service organizations.

The Audience

Countries now have thousands of health, civic, community, and business leaders invited to serve on multi-sectoral governing bodies in the health sector. These governing bodies have varying degrees of authority and responsibility to help ensure that their organization's health services are well designed, understood, well managed, and used by the people, families, and communities they exist to serve.

The learning experiences in this series of handbooks have been designed to serve the needs of the governing bodies of projects, programs, health centers, hospitals, provincial and district health councils, health regulatory bodies, health professional associations, and civil society organizations that are engaged in:

- Health care
- Malaria
- Tuberculosis (TB)
- HIV and AIDS
- Maternal, newborn and child health
- Family planning and reproductive health
- Other health services

Leaders who govern and members of the governing bodies are the target audience for the learning experiences described in this handbook. We also expect that the senior managers and health providers engaged with these leaders serving on the governing bodies will participate in the learning experiences. We anticipate that the participants will have a wide range of backgrounds and competencies. Some will have advanced university education, many may be new to health systems, and those serving in remote areas may have had limited opportunities for formal training or education. All, however, can make valuable contributions to the effective governance of their health organization, and all are respected participants in the learning experiences.

Governance Learning Resources

This training handbook does not stand alone. The handbook is intended to be used in conjunction with a learning pledge and with other resources:

1. An individual and organizational pledge to engage and participate fully in order to optimize the value gained from the learning experience.
2. Additional handbooks especially designed for each type of setting (i.e., governing bodies or leaders who govern ministries of health, provincial health systems, district health systems, hospitals and health centers).
3. Five guides on how to apply the effective governing practices (i.e., cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and assessing and enhancing governance) that contribute to good governance, health system strengthening, and better health outcomes.
4. A reference library on the web portal that is continuously updated with information on trends and evidence of the value of effective governance.
5. LMG's web portal contains the reference materials and other materials including the experiences and guidance of others who are successfully engaged in strengthening governance. In the future, LMG plans to further develop this suite of resource materials to support the capacity development of managers and members of governing bodies who are dedicated to strengthening the performance and results of health systems in low- and middle- income countries. LMG plans to add (1) a learning lab kit, with a variety of tools, templates, and worksheets that facilitators can use to engage learners, and (2) case studies, scenarios, and tools for team and experiential learning, and select readings and video-taped insights for those less literate.

We hope the leaders who govern and governing bodies will enjoy the journey to master effective governance using these resources.

Who can be a facilitator?

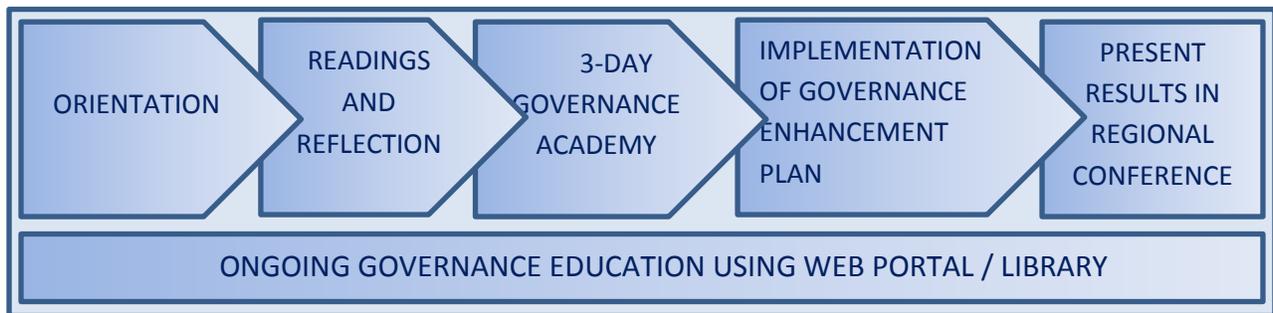
Leadership, management, and governance trainers can be facilitators for the delivery of these learning experiences. A senior manager from the organization whose governing body wants to learn and benefit from these learning experiences is also a good candidate for being a facilitator. The selected facilitator has two options to get ready for facilitation: prepare himself or herself through self-study of the materials, or go through a *Training of Governance Trainers Program* offered by the LMG Project. You may contact Project Director Jim Rice (jrice@msh.org)

to find out more about the training programs for the governance leaders, training of trainers, or for any help in using these materials.

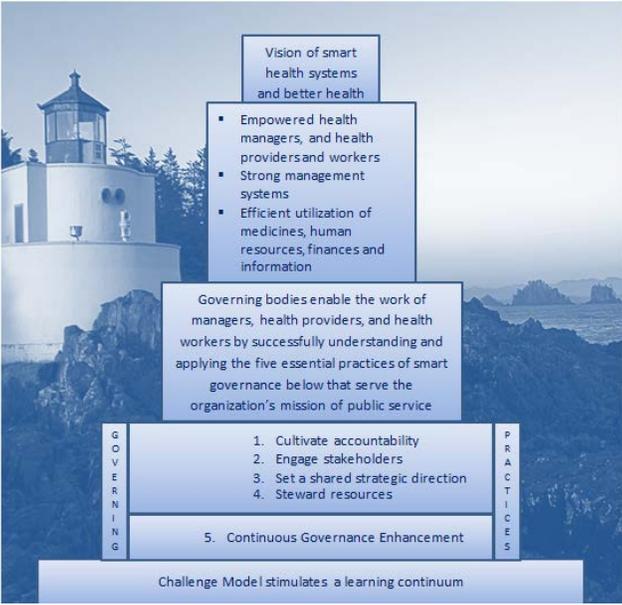
Governance Learning Continuum

The five guides can also be used as self-study resources by the governance leaders or governing bodies to learn about the governing practices and apply them. However, learning will be more effective if a structured training program is organized using the training handbook, following the learning continuum. The learning continuum comprises a carefully designed learning experience consisting of: general orientation of new governing body members; readings, reflection, and collective self-assessment by the governing body; a three-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered; implementation of a governance enhancement plan and an action plan to improve selected measures of the organization’s performance; and presentation of lessons learned and results in a regional conference; all of this is supported by continuous governance education using the resources available on the LMG website (<http://www.lmgforhealth.org/expertise/governing>).

Governance Learning Continuum



The figure below depicts how governance education will help the health leaders learn and apply the five effective governing practices and achieve better health performance of their health systems.



Learning Plan

The table below illustrates a learning plan which follows the governance learning continuum described above.

Orientation of new members appointed to the governing body ↓			Before the Governance Academy	Ongoing Governance Education Using Governance Reference Library and Governance Web Portal
Select readings on governance and effective governing practices				
Collective self-assessment of governing body performance in a special meeting ↓				
Reflection on the current state of governance Participants apply the Challenge Model to governance in their own setting				
Governance Academy			3-day Governance Academy through which the knowledge on how to apply the five effective governing practices can best be mastered	
Day 1	Day 2	Day 3		
Accessing Governance Resource Suite	Engaging with stakeholders	Competency-based governance		
Participants apply the Challenge Model to governance in their own setting	Setting a shared strategic direction	Infrastructure for effective governance		
Roles and responsibilities of a governing body	Stewarding resources	Planning governance enhancement		
Cultivating accountability	Assessing and enhancing governance	Evaluating the learning experience		
↓			After the Governance Academy	
Consistent application of the five governing practices and implementation of a governance enhancement action plan over six to twelve months to influence two to three strategic measures of organizational performance				
Regular monitoring of the implementation of the action plan in the governing body meetings				
Presentation of the results and lessons learned in the Regional Conference				
Ongoing periodic assessment of governance at all levels (governing body as a whole, its committees, and individual members)				
Chair and governance committee take responsibility for continuous governance enhancement			Continuous application	
Governing body renews itself from time to time with recruitment of new members and governance education cycle continues				

What is in it for me?

Benefits for the facilitators

This is a challenging professional assignment for facilitators. Facilitators will gain an in-depth knowledge of governance and of effective governing practices. They will have the opportunity to engage with very high-level leaders in the health system and health sector. These are busy people with very important responsibilities. To work with them and help them achieve measurable results will be the ultimate test of facilitation skills; the challenge for the facilitator is to help the participants adopt the five effective governing practices in their governing behavior. There will be increasing demand for their facilitation services as health systems governance increasingly becomes recognized as a prominent health systems building block in need of capacity development.

Benefits for the participants

Improving governance is one of the essential elements of realizing the dream of a strong health system achieving greater health impact. Good governance enables the effective use of medicines, information, human resources, and finances to deliver better health service performance and better health outcomes. There is an emerging body of evidence that shows that effective governance improves health outcomes. Poor governance, on the contrary, has been found to undermine the vitality of the health system, making it less effective, less efficient, less equitable, and less responsive to the people it is intended to serve.

Through this training, participants have an opportunity to learn, adapt, adopt, and apply five evidence-based practices of governance. The program will also help them periodically assess and continuously improve their governance. All five practices, when put into operation in a health system, enable improved health system performance and better protection, promotion, and restoration of health. Most importantly, the five practices help the leaders who govern achieve and demonstrate better organizational performance and better results to their stakeholders.

Leaders who govern do so in close partnership with health managers, health providers, health workers, community leaders, patients, and governance leaders in other sectors. They facilitate the work of managers who in turn facilitate the work of clinicians and health workers. This course, when jointly taken by governing body members, senior managers, and clinician leaders will have a positive synergistic effect on the performance of the organization.

After taking this course, leaders who govern will be able to make important 21st century governance shifts.

Governance Shifts

#	Shift from ...	Shift to ...
1	Labor-intensive 20 th century governance	Technology-supported 21 st century governance processes
2	Governance as usual	Pursuit of efficiency and sustainability in health systems
3	Input-oriented governance	Results-orientation, i.e., culture of measuring and reporting results
4	Arbitrary decision-making processes	Transparent decision-making processes
5	Intuition- and opinion-based governance	Evidence-based governance
6	Authoritarian decision making	Stakeholder engagement in governance decision making
7	Management-driven strategic planning	Stakeholder needs-driven strategic planning
8	Appointments to governing positions based on personal relationships	Competency-based appointments to governing positions
9	Static governance process	Continuous governance enhancement
10	Male-dominated governance	Women holding governance positions
11	Silo-like health ministry	Whole-of-society and whole-of-government governance
12	Central Ministry of Health control	Decentralized provincial and district health governing bodies

(Source: MSH. 2005. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA.)

Instructions for Facilitators

General instructions

Familiarize yourself with the learning domains relevant to governance education. These domains include cognitive, affective, and interpersonal dimensions.

Cognitive Domain

The cognitive domain focuses on intellectual skills (knowledge, comprehension, application, analysis, synthesis, and evaluation) and encompasses the increasing complexity of intellectual skills as students or participants advance their knowledge of content. This domain is the core learning domain. Collaborative assignments, such as group work included in the individual sessions in the Governance Academy, help participants gain advanced intellectual skills, such as application, analysis, and synthesis. The academy sessions are designed so that the participants get to know the five effective governing practices, apply them to their context and evaluate themselves/ their governing body on these practices.

Affective Domain

The affective domain is critical for learning. This is the domain that deals with attitudes, motivation, willingness to participate, valuing what is being learned, and ultimately, incorporating the values of a discipline into a way of life. Elements in this domain are:

- Receiving (willing to listen)
- Responding (willing to participate)
- Valuing (willing to be involved)
- Organizing (willing to be an advocate)
- Characterization (willing to change one's attitude, behavior, practice, or way of life)

The facilitators should note that the following factors enhance affective learning: informing the participants of the value of the course; having alumni who are using the

knowledge from the course in their governing roles explain the value of the course; giving an overview of the resources and resource persons available to help participants; allowing participants time to raise questions and give feedback; and encouraging participants to set goals for themselves that are reasonable.

Interpersonal Domain

The interpersonal domain focuses on people interacting with others. The skills in this domain include the following:

- Seeking/giving information
- Proposing (putting forward an idea)
- Building and supporting (helping another person's idea move forward)
- Bringing in (involving another)
- Disagreeing (appropriately offering a difference of opinion)
- Summarizing (restating in a compact form a discussion or collection of ideas)
- Others, such as negotiating, compromising, facilitating, and leading

Participants will use several of these interpersonal skills in the group work included in the individual sessions. Facilitators should encourage the groups to use positive interpersonal skills.

The handbooks and sessions have design features that encourage learning in all the three domains. They include: critical questioning; reflection; giving feedback on the processes of team and group dynamics; creating governance enhancement plans; discussion; peer involvement; problem-based learning; group analysis and synthesis of governing practices; and sharing perspectives. Facilitators should use and encourage the use of these features.

Using the Five Guides and this Training Handbook

We have developed guides to help the governing body members and leaders who govern operationalize each of the five effective governing practices in a health sector organization.

These practices are:

1. Cultivating accountability
2. Engaging stakeholders
3. Setting a shared strategic direction
4. Stewarding resources
5. Assessing and enhancing governance

This training handbook is an accompaniment to the five guides. It may be used as a facilitation resource for trainers/facilitators to build the capacity of both governance leaders (leaders who govern) of a health center as well as health center management leaders who support good governance practices. An important component of the governance learning plan is the 3-day workshop that we refer to as Governance Academy. The handbook gives detailed guidance on setting up and conducting Governance Academies through which the knowledge and skills in applying the five governing practices can best be mastered.

Before the Governance Academy

A sample invitation letter is provided at the end of this chapter. A suitable adaptation of this sample letter of invitation should be sent to participants well in advance, preferably three months in advance of the Governance Academy. Participants will use this lead time to do essential reading, reflection, and the collective governance self-assessment, which serves as the basis for applying the Challenge Model to their governance.

The learning plan, learning continuum, schedule of the three-day academy, compulsory reading materials, and instructions on applying the Challenge Model should accompany the invitation letter.

Prior reading and specific pre-work related to the readings:

It is essential that the participants read the following three publications in advance:

1. The eManager issue on “How to Govern Health Sector and Its Institutions Effectively” available at <http://www.lmgforhealth.org/expertise/governing>.
2. Chapter 3 of *Health Systems in Action: An eHandbook for Leaders and Managers* available at <http://www.msh.org/resources/health-systems-in-action-an-e-handbook-for-leaders-and-managers>.
3. The five guides (cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and continuous governance assessment). These guides may be accessed at <http://www.lmgforhealth.org/expertise/governing>.

The preferred order for the readings is the eManager followed by the eHandbook chapter on governance followed by the guides. The guides offer participants opportunities for deep reflection on the new behaviors that need to be adopted and how to apply the effective governing practices in their own settings. The readings also set the stage for pre-work related to the self-assessments.

Pre-work related to the self-assessments and the Challenge Model

In the run up to the three-day Governance Academy, the governing body as a whole should conduct a collective self-assessment on how well they are performing their role and responsibilities. They may adapt and use one of the many formats given in the Appendices in the Guide for Continuous Governance Enhancement, or the assessment tool contained in Appendix 1 of this Handbook. This self-assessment will be shared with the facilitator to enable appropriate preparation for the learning experience.

In addition, the governing body as a whole will apply the Challenge Model to their governance. (A review of the use of the Challenge Model is contained in the Guide for Setting a Shared Strategic Direction and is more fully described in the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services* available at <http://www.msh.org/resource-center/managers-who-lead.cfm>.) Using the Challenge Model, the governing body members will define their vision of good governance in light of their organization’s mission. They will then apply the Challenge Model to governance in their own setting. Based on their experience, they

will assess their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenges, identify two or three strategic measures of organizational performance that their governing body wants to influence through the use of good governance, and pinpoint key priority actions they will undertake to overcome the obstacles.

When applying the Challenge Model, the members will reflect on what frustrates and what facilitates good governance in their setting and also how to overcome the obstacles. They will also reflect on their governance capacity building needs.

Facilitators need to prepare well for the Governance Academy experience. They should familiarize themselves with the use of the “Challenge Model” and “Root Cause Analysis” techniques. (These are well described in *Managers Who Lead: A Handbook for Improving Health Services* available at <http://www.msh.org/resource-center/managers-who-lead.cfm>. Root cause analysis is also covered in the Appendix to the Guide for Setting a Shared Strategic Direction.) If participants are able to successfully and effectively apply these techniques to their governance, they are likely to better appreciate the value of improving their governance and the value of this learning experience in helping them improve their governance as an essential enabler for the work of the organization as it pursues its mission.

Facilitators will also need to learn about facilitating a SWOT (strengths, weaknesses, opportunities and threats) analysis. *Opportunities* are external factors in the environment that may improve performance and *threats* are external elements in the environment that could cause trouble, whereas *strengths* and *weaknesses* (strong points and weak spots) are internal attributes of the governing body. University of Kansas has a free online resource on its community toolbox site on how to conduct SWOT analysis <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main>.

Reading materials and handouts

Facilitators should review the session outlines, collect all the reading materials from the LMG Project (available at <http://www.lmgforhealth.org/expertise/governing>), and print/make sufficient copies for participants. They should judge what works best in their context, i.e., giving a soft copy of all materials on a flash drive, or giving hard copies or both. Participants will need to have the relevant guide available during a session on a particular governing practice as a reference material. Handouts to be given during the session are clearly described or exhibited in this training handbook.

During the Governance Academy

The Governance Academy is an intense three-day learning experience that requires the full time and attention of all participants. Participants should understand and commit to setting time aside for this three-day program to strengthen their governance capacity. Successful completion of the Academy will help them have a concrete governance enhancement plan and an action plan to influence two to three strategic measures of their organizational

performance. They will implement these plans over next six to twelve months and obtain measurable results for their stakeholders.

Facilitators should allow the participants time to raise questions and provide their feedback during the three-day academy. This will increase their willingness to listen, willingness to participate, willingness to be involved, and willingness to adopt the five effective governing practices.

Sessions

The facilitator will be expected to plan and conduct 12 sessions in the Governance Academy. The academy has been designed to help health center governance leaders and senior staff members understand, master, and feel more comfortable, confident, and competent in applying the five effective governing practices in their own setting. The sessions will also enhance the governing competencies of governance leaders and staff. The sessions broadly follow the outline below.

Focus: Theme or topic is mentioned in the title of each session.

Content: One session on each of the five effective governing practices as well as other preparatory and supportive sessions.

Duration: Each session is one or two hours, except the one on governance enhancement planning, which is three hours long.

Goals and objectives: Specific trainer goals and learning objectives are described in the session description.

Participants: The session participants are health center governance leaders and staff.

Outline: The session outline specifies a set of participant activities (how participants will accomplish the curriculum objectives) and essential questions (what central questions participants will answer as the session unfolds).

Resources: Background reading and session handouts describe resources the facilitator should use to help participants accomplish the curriculum.

Assessment activities: Session handouts and assessment activities are suggested. Grading is done by the facilitator on group presentations. A grading tool is given to help the facilitator grade the presentation and determine if participants: a) have achieved the objectives of the session, and b) can answer the essential questions central to the topic of the session. The facilitator may use scores from the grading of groups' performance at the conclusion of each session in a variety of ways. The facilitator may use the scores to motivate the groups and individual members to contribute, pay attention, do the work, etc.

The Governance Academy should be conducted in a three full-day workshop format. About eight hours of activities should be planned in a training day. In addition to the training sessions, time should be provided for recap of the earlier day, inter-session breaks, and closing discussions. All learning is expected to take place in a highly interactive mode, with extensive small and large group discussions and exchange of ideas.

During each session:

- The participants will be divided into small learning groups.
- Each group will have five to six participants.
- Two to four groups will participate in a break-out session facilitated by one facilitator. The total number of facilitators needed will depend on the number of participants invited to the academy.
 - If there are 10–24 participants participating in the academy, one facilitator will be needed to deliver the training effectively. If more than 24 participants and up to 40 participants are attending, two facilitators will be needed. If more than 40 participants are participating, three facilitators will be needed.
 - Each break-out session will need a separate room or space. For example, one, two, or three rooms/spaces will be needed for group work if there are 15, 30, or 45 participants, respectively. A big hall will be needed for the plenary discussion.

In general, the basic design of a session is two to four groups of five to six participants from the same setting identify their governance challenges and design solutions. For example, participants could be from many different health centers but they should be from health centers only. The participants will discuss the same set of central questions in a session, and each group will make a presentation to the other groups on what they propose to do to implement the specific effective governing practice discussed in the session.

All sessions are practice-oriented, based on an experiential learning methodology, and do not deal with theoretical aspects during the academy.

Theoretical concepts and applications in practice are covered in the reference texts: the five guides on five effective governing practices, eManager on “How to Govern Health Sector and Its Institutions Effectively,” and Chapter 3 on governance in the MSH publication, *Health Systems in Action: An eHandbook for Leaders and Managers*.

As described above, we recommend that these reference texts be sent with the invitation letter for the Governance Academy. The participants should use the time available to them during their busy schedules to read and reflect on these reference texts. In this way, they will gain a theoretical and practical understanding and be more prepared for the experiential learning during the academy.

The desired outcomes of the training are defined in detail in this handbook. To achieve the outcomes in an effective and efficient way, the academy sponsors and organizers should consider:

- Learning context (what constraints do you anticipate?)
- Content expertise (what content experts are available to help?)
- Training expertise (what training experts are available to deliver the training?)
- Logistical requirements (based on size and number of participants)
- Language preference of the participants

Based on these criteria, appropriate modifications may need to be made to the suggested design of the Governance Academy.

After the Governance Academy

On successful completion of the Governance Academy, participants will have two plans in hand: a "Plan for Governance Enhancement," and an action plan for applying the five governing practices to improve two to three strategic measures of their organization's performance. Over the next six to twelve months, participants will be expected to consistently apply the five governing practices and implement their governance enhancement plan and action plan. They will monitor the implementation of these plans in their governing body meetings. The governing body will present the results and lessons learned in a Regional Conference to be scheduled by key leaders in the area.

As an outcome of the learning process, participants learn to conduct periodic assessments of their governance by the governing body as a whole, its committees, and at the individual member level. As discussed earlier, they will use the results of these assessments to further improve their governance and their organization's performance. The Chair and governance committee should take responsibility for the continuing governance education and continuous governance enhancement of the governing body. The governing body renews itself from time to time with recruitment of new members. New members should receive orientation on their role and responsibilities and the state of their health system. The Chair and the governance committee should consider providing mentorship opportunities to the new members.

Governance enhancement plan consists of periodically assessing governing practices and continuously trying to improve these practices. Continuous governance enhancement is accomplished through regular governance assessments, governance orientation and education, building diversity in the governing body, cultivating essential governance competencies, conducting productive meetings, establishing governance policies, and using governance technologies like dashboard.

The primary purpose of enhancing governance is to improve the organizational performance. For this reason, governance leaders working with the senior management and with key stakeholders develop an action plan to improve two to three strategic measures of the organization's performance. This involves practical use of the governance competencies and capacity of the governing body and also consistent application of the effective governing practices they learned in course of the governance enhancement education. When the governance leaders see their governance decisions translating into higher organizational performance, they may be inclined to consistently apply the effective governing practices. A virtuous cycle is set into motion, improved governance leading to better organizational performance, which in turn motivates the governance leaders to continuously enhance their governance.

Sample invitation letter

(This is a sample invitation letter from the facilitator to the members of the governing body and senior management to participate in the governance learning experience. The facilitator should make appropriate modifications to the letter based on the context and the local situation.)

Welcome to Your Governing Body Role,

We congratulate you for being invited to serve on the governing body and to perform a governing role. This invitation indicates that you have been recognized as a wise leader in your community or region, and that you are believed to have a keen interest in helping support the mission of your organization.

As a new governing body member, you are beginning a period of service that brings with it prestige, credibility, influence, and personal satisfaction. You bring a lot of time, effort, and a sincere desire to improve the health of your community and to guide the plans and vitality of your organization.

What are the five most important roles of your governing body for this health service organization?

1. Bring needs of beneficiaries in to the plans and work of the organization.
2. Advocate for the needs of the organization to stakeholders.
3. Support management to develop service quality.
4. Support management to develop the economic vitality of the organization.
5. Help management to protect and achieve the mission of the organization.

While the legal status of each governing body has slightly different authorities in each country and for each type of health service organization or health facility, the legally-constituted governing body is expected to be a careful steward of the organization's mission and its many resources by the people and the government on behalf of the people.

In the eyes of the law of most countries, governing body members have an ethical obligation that should not be divested through delegation to committees or to management. As a member of this governing body, you are held to a very high standard of conduct. You, and others serving on this governing body, are charged with safeguarding the mission of the organization, protecting and enhancing the assets of the organization, protecting patients or other beneficiaries from harm, and not getting any personal gain from your relationship with this organization, other than a sense of pride that your time and talents are being used wisely and well to serve the people.

Governing Body Leadership

You have been selected as a governing body member because you bring important knowledge, skills, and experience to the organization's policy making and oversight duties. This probably results from your demonstrated abilities to lead and support others.

Leadership in the setting of a health sector governing body has specific attributes. We want you to feel comfortable that, after reading certain reference documents and/or attending your organization's orientation program, you will have added a few new leadership attributes to your own. For this reason, we suggest that you will want to discuss the following draft governing body roles and responsibilities as you prepare for your work on this governing body.

You will have an opportunity to learn more about the role of this organization to protect, promote, and restore health for the people of this region. You will also be able to participate in the "Governance Academy" that supports the continued enhancement of your capabilities to be a high performing member of your governing body. We hope you will be proud of your governing body service and appreciate the opportunity to work with other respected colleagues on this body in the years ahead.

Governing Body Leadership Responsibilities

As you plan for your service on this governing body, we hope that you will conduct yourself in a way that helps the staff and external stakeholders develop confidence:

- In the quality and safety of the organization's health services.
- That resources are invested in a way that delivers optimal health outcomes to the people the organization exists to serve.
- In the accessibility and responsiveness of the organization's health staff and health services.
- That beneficiaries, patients, and the public can engage to help to shape health services that meet their needs.
- That the public's money is spent in a way that is fair, efficient, effective, and economic.

To succeed in accomplishing these responsibilities, you will want to learn how you can best understand and implement four essential practices:

1. Help establish a culture in the governing body and in your organization that expects transparent decision making and reporting of results from the work of the organization's staff and partners. You are expected to **help the organization be accountable for its decisions and behaviors** in the governing body, the management, the health care workers, and you yourself as a high performing member.
2. You listen carefully to the needs, fears, pains, and expectations of all stakeholders engaged in the work of the organization. **You are to be effective at stakeholder engagement.**
3. One of the most important practices is to work with other members of the governing body and the organization's management to establish a "strategic road map" for the organization to achieve superior performance and health care outcomes. You are to be **effective at setting strategic direction** for the organization.
4. You do not own this organization, rather, you hold it in trust for the people the organization exists to serve. You are expected to **be a good steward of the organization's scarce resources**—human, technological, and financial.

The resources you will be able to access in your journey for continuous governance improvement include the guides on applying the give effective governing practices.

Attached to this letter are the learning plan, learning continuum, schedule of the three-day Governance Academy, materials for reading to be done prior to the Academy, and instructions on applying the Challenge Model to your governance. As your facilitator, I will further assist you in accessing useful governance resources during the Academy.

Prior reading and specific pre-work related to the readings

It is essential that you read the following three publications in advance and reflect on what they say.

1. The eManager issue on “How to Govern Health Sector and Its Institutions Effectively” available at <http://www.lmgforhealth.org/expertise/governing>
2. Chapter 3 of *Health Systems in Action: An eHandbook for Leaders and Managers* available at <http://www.msh.org/resources/health-systems-in-action-an-e-handbook-for-leaders-and-managers>.
3. The five guides (one each on cultivating accountability, engaging stakeholders, setting a shared strategic direction, stewarding resources, and continuous governance enhancement). These guides may be accessed at <http://www.lmgforhealth.org/expertise/governing>.

The guides will help you reflect on new behaviors that need to be adopted and how to apply the effective governing practices in your own setting.

Pre-work related to the self-assessments and the Challenge Model

In the run up to the three-day Governance Academy, your governing body as a whole should conduct a collective self-assessment on how well the governing body is performing its role and discharging its responsibilities. You may adapt and use one of the many formats given in the Appendices of the Guide for Continuous Governance Enhancement for this purpose, or the assessment tool contained in Appendix 1 of this Handbook. In addition, the governing body as a whole will apply the Challenge Model to its governance, and reflect on what frustrates and what facilitates good governance in its setting and also how to overcome the obstacles. The governing body will have an opportunity to review the results of the Challenge Model during the academy.

You may always ask questions about your governance work and this orientation program by contacting us here:

Facilitator will give his or her contact details here.

(Letter ends here.)

The facilitator may use the following illustrative schedule and adapt it appropriately while designing her or his schedule suitable for the local circumstances.

Illustrative schedule of the three-day Governance Academy

Time	Activity	Type of activity
Day 1		
8:00 – 8:30	Registration and refreshments	
8:30 – 8:45	Recitation of Prayer	Recitation
	Introductory speeches <ul style="list-style-type: none"> • Speech 1 • Speech 2 	Speeches in Plenary Session
8:45 – 9:45	Introductory session	Group work
9:45 – 10:00	Tea Break	Group work
10:00 – 11:00	Session 1: Accessing Governance Resource Suite	Group work
11:00 – 12:00	Session 2: Participants apply the Challenge Model to governance in their own setting	Group work
12:00 – 1:00	Lunch	
1:00 – 2:00	Session 3: Roles and responsibilities of a governing body	Group work
2:00 – 2:15	Tea Break	
2:15 – 4:15	Session 4: Cultivating accountability	Group work
4:15 – 4:30	End of the day evaluation (evaluation of sessions 1 to 4)	Evaluation
Day 2		
8:00 – 8:15	Recap of the earlier day	Plenary Session
8:15 – 10:15	Session 5: Engaging with stakeholders	Group work
10:15 – 10:30	Tea Break	
10:30 – 12:30	Session 6: Setting a shared strategic direction	Group work
12:30 – 1:30	Lunch	
1:30 – 3:30	Session 7: Stewarding resources	Group work
3:30 – 3:45	Tea Break	
3:45 – 5:45	Session 8: Assessing and enhancing governance	Group work
5:45 – 6:00	End of the day evaluation (evaluation of sessions 5 to 8)	Evaluation
Day 3		
8:30 – 8:45	Recap of the earlier day	Plenary Session
8:45 – 9:45	Session 9: Competency-based governance	Group work
9:45 – 10:00	Tea Break	
10:00 – 11:00	Session 10: Infrastructure for effective governance	Group work
11:00 – 12:00	Session 11: Compilation of governance enhancement plan	Group work
12:00 – 1:00	Lunch	
1:00 – 3:00	Session 11: Compilation of governance enhancement plan (Continued)	Group work
3:00 – 3:30	Tea Break	
3:30 – 4:30	Session 12: Evaluating the learning experience Conclusion of the academy with discussion in Plenary Session on what participants learned and next steps to be taken in the coming six to twelve months	Closing of the workshop in Plenary Session

Learning objectives

Introductory session

1. Get to know each other better.
2. Each participant records the baseline level of knowledge about effective governance using an instrument for self-assessment.
3. Better appreciate the importance of good governance as an enabler of enhanced health system performance.
4. Express training needs and expectations from the academy.
5. Better understand the role of fellow participants in learning.

Session 1

Accessing Governance Resource Suite

1. Get to know the Governance Resource Suite and what is available in the suite.
2. Get to know how to access it and use it, when it becomes available.
3. Express any needs for other resource materials that will facilitate learning.

Session 2

Participants apply the Challenge Model to governance in their own setting

1. Discuss, define, and describe governance and good governance.
2. Discuss what is working, what is not working in your governance, and what could be done to improve it.
3. Apply the MSH Challenge Model to governance in your own setting, discuss your current governance situation, identify obstacles and root causes that come in the way of governing well, define your key governance challenge, identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance, and pinpoint key priority actions you will take to overcome the obstacles.
4. Articulate your governance capacity building needs.

Session 3

Roles and responsibilities of a governing body

1. Get to know twelve key roles and responsibilities of a governing body.
2. Compare your own roles and responsibilities with the twelve key roles and responsibilities.
3. Identify, discuss, describe, and internalize key governance responsibilities.
4. Articulate your governance capacity building needs.

Session 4

Cultivating accountability

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.

3. Brainstorm and clarify how to cultivate accountability in your health center, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 5

Engaging stakeholders

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to engage with stakeholders of your health center, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 6

Setting a shared strategic direction

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to set a shared strategic direction in your health center, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session 7

Stewarding resources

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and the foundational principles of this practice.
3. Brainstorm and clarify how to steward resources of your health center, i.e., what specific actions should be taken to put it into practice?
4. Review an individual self-assessment of this practice.

Session 8

Assessing and enhancing governance

1. Describe this effective governing practice.
2. Recall and discuss the foundational principles of this practice.
3. Understand the benefits of good self-assessments, and the risks of poor or infrequent self-assessments.
4. Brainstorm and clarify how to periodically assess and continuously enhance governance of your health center, i.e., what specific actions should be taken to put it into practice?
5. Review various governance assessments and self-assessments.
6. Brainstorm and adapt governance assessments you will use in your health center.

Session 9

Competency-based governance

1. Get to know twenty key competencies of a governing body.
2. Compare the skills profile of your governing body and discuss how it compares with the competency matrix of twenty core competencies.

3. Identify, discuss, and describe key governing competencies required to govern well in your own setting.
4. Articulate your governance capacity building needs.

Session 10

Infrastructure for effective governance

1. Get to know key elements of governance infrastructure a governing body needs for effective governance.
2. Compare your own governance infrastructure with these key elements.
3. Identify, discuss, and describe governance infrastructure required to govern well and infrastructure gaps that exist in your setting.
4. Articulate their governance capacity building needs.

Session 11

Governance enhancement planning

1. Brainstorm and outline a governance enhancement plan for your governing body based on the discussions during the academy.
2. Identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance.
3. Outline an action plan comprising specific and concrete action steps that the governing body will take for consistent application of the five effective governing practices over six to twelve months to influence the two to three strategic measures of organizational performance.
4. Present the governance enhancement plan and governance action plan.

Session 12

Evaluating the learning experience

1. Evaluate the learning experience.
2. Make suggestions for its improvement for future participants.
3. Discuss next steps your governing body will take in the coming six to twelve months.

Introduction to Governance

Governance is a group process of making decisions to ensure the continuous vitality and performance of organizations or health systems providing services that protect, promote, or restore the health of the people. Governing bodies champion and enable an organization to fulfill its mission.

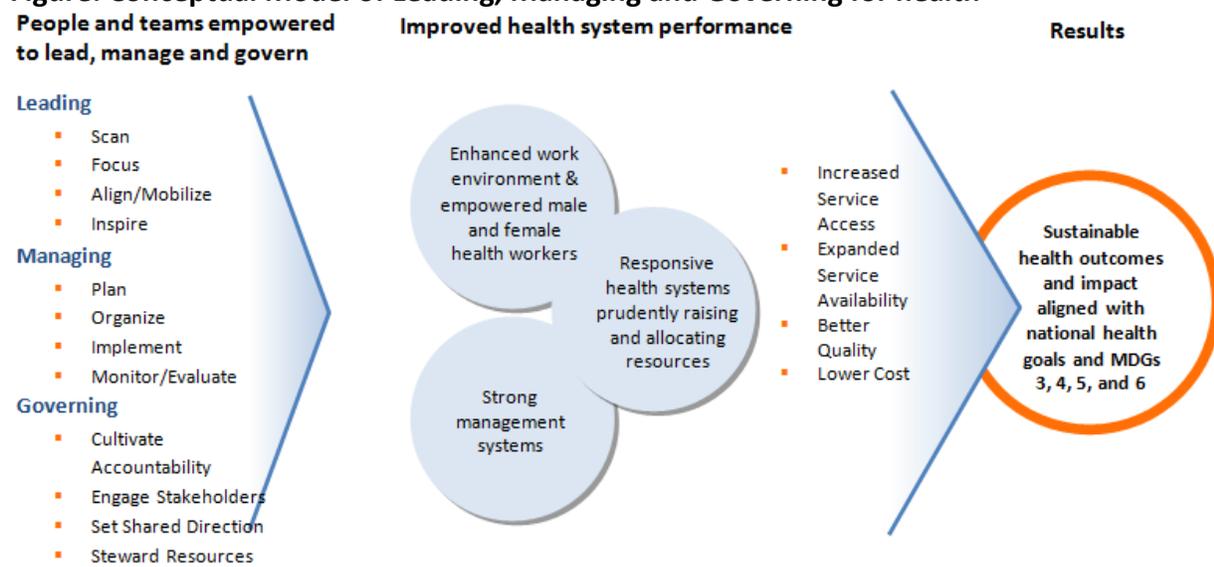
Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and making sure that the strategic goals and objectives are accomplished.

Governance for health is done with the objective of protecting and promoting the health of the people served by a public or private organization.

Governance is robust when (1) the decisions are based on accurate information, rigorous evidence, and shared values; (2) the governing process is transparent, inclusive, and responsive to the needs of the people that the ministry or the organization serves; (3) those who make and those who implement decisions are accountable; (4) the strategic objectives are effectively, efficiently, ethically, transparently, and equitably met; and (5) the vitality of the ministry or the organization is maintained and enhanced in its journey to accomplish its mission.

MSH's Leading, Managing and Governing for Results Conceptual Model below depicts how good leadership, management, and governing practices can enhance the performance of health systems to save lives and achieve significant and sustainable gains in the health status of populations.

Figure: Conceptual Model of Leading, Managing and Governing for health



(Source: MSH. 2005. *Health Systems in Action: An eHandbook for Leaders and Managers*. Cambridge, MA.)

Governance in the context of health has come into sharper focus over the past decade. It has become one of the essential factors in the pursuit of stronger health systems, greater health impact, and enhanced country ownership. There is an emerging body of evidence demonstrating that effective governance improves health outcomes. Conversely, poor governance overall, and especially in the health sector, has contributed to poor health outcomes. It undermines the vitality of a health system, and makes it less effective, less efficient, less equitable, and less responsive to people it is intended to serve.

A compelling piece of evidence comes from the research conducted by Björkman and Svensson in 50 rural communities of Uganda. This work documents that community monitoring of health care providers improved health outcomes. Moreover, communities with a good governance intervention saw a significant increase in the weight of infants, and as much as a 33 percent reduction in mortality rates of children under five years of age.¹

Effective Governing Practices and Their Key Enablers

To fully understand governance and what makes it effective in the context of health, in 2012, the LMG Project carried out a web-based survey of 477 respondents in 80 countries, complemented by 25 key informant interviews in 16 countries. Survey respondents were people who hold leadership, governance, or management positions in health ministries and health institutions in low- and middle-income countries and who are members of the two LMG-supported online communities of practice of health leaders and health managers.

About 90 percent of the respondents defined governing in terms of inclusion, participation, and collaboration. In addition, they identified factors that enabled effective governing in the context of health, such as the use of performance data and scientific evidence, sound management, adequate financial resources for governing, openness and transparency, accountability to citizens and clients, and integrity. The survey and interview findings were then distilled into five governing practices. Thus, the review of the literature and the surveys and interviews of health leaders in the field defined the following five governing practices as essential to effective governance:

1. Cultivating accountability
2. Engaging stakeholders
3. Setting a shared strategic direction
4. Stewarding resources
5. Assessing and enhancing governance

Table 1 below lists the key enablers and principles that underpin these five practices.

¹ Björkman, M., Svensson, J. 2009. "Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda." *The Quarterly Journal of Economics*, 124(2): 735-769.

Table 1: Enablers and principles that underpin the five effective governing practices

Practice	Foundational Principles	Enablers	Resource
Cultivating accountability	Accountability, transparency, ethical and moral integrity, social justice, and oversight	Openness and transparency	Guide for Cultivating Accountability
Engaging stakeholders	Participation, representation, inclusion, diversity, gender equity, and conflict resolution	Inclusion and participation Gender-responsiveness Intersectoral collaboration	Guide for Engaging Stakeholders
Setting a shared direction	Stakeholder alignment, leadership, management, and advocacy	Effective leadership and management	Guide for Setting a Shared Strategic Direction
Stewarding resources	Financial accountability, social responsibility, ethical and moral integrity, resourcefulness, efficiency, and effectiveness	Ethical and moral integrity Pursuit of efficiency and sustainability Measurement of performance Use of information and evidence Use of technology in governing	Guide for Stewarding Resources
Assessing and enhancing governance	Performance measurement	Measurement of performance Use of information and evidence Use of technology in governing	Guide for Continuously Enhancing Governance

Introductory Session: Establishing rapport and understanding

During this session, participants—whether they already know each other or not—will get to know each other in various ways. Participants will be divided into groups of five to six individuals each. Introductions will help establish individual as well as group identity and give everyone a chance to define their training needs and expectations regarding governance capacity building.

Trainer goals

1. Help participants get to know each other and develop trust.
2. Identify what participants want to get out of the training.
3. Introduce the workshop objectives to the participants.
4. Record their baseline level of knowledge about effective governance.

Participant goals

1. Get to know each other better.
2. Assess your baseline level of knowledge about effective governance using an instrument.
3. Better appreciate the importance of good governance as an enabler of enhanced health system performance.
4. Express your training needs and expectations from the academy.
5. Better understand the role of fellow participants and the facilitator in your learning.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus
10 minutes	1. Introduction by the facilitator	1. Introduction of the training program 2. Introduction of the training materials
10 minutes	2. Participant introductions	Introductions and getting to know each other
30 minutes	3. Group discussion on the importance of good governance as an enabler of enhanced health system performance.	Why is governance important? What are the benefits of good governance? What are examples you have seen of good governance? What are the risks and the threats if governance is not performed well? What are examples of poor governance?
5 minutes	4. Group work	Facilitated discussion on what participants would like to learn during the training.
5 minutes	5. Baseline governance	Using the Governance Knowledge

Time	Activity	Focus
	knowledge assessment	Assessment Instrument (provided in session 12 of this handbook), participants assess their governance knowledge before the workshop.

Session outputs

1. Participants and the facilitator get to know each other.
2. Training needs of the participants clarified.
3. Clear understanding of the expectations of the participants from the workshop.
4. Explicit understanding of the value of good governance and the risks of poor governance.
5. Baseline governance knowledge assessment of the participants.

Governance Academy Sessions

1. Accessing the Governance Resource Suite
2. Applying the Challenge Model
3. Reviewing roles and responsibilities of a governing body
4. Cultivating accountability
5. Engaging with stakeholders
6. Setting a shared strategic direction
7. Stewarding resources
8. Assessing and enhancing governance
9. Promoting competency-based governance
10. Establishing infrastructure for effective governance
11. Planning for governance enhancement
12. Evaluating the learning experience

Session 1: Accessing the Governance Resource Suite

Session Design

During this session, participants will be introduced to LMG’s Governance Resource Suite and how to access it. The Governance Resource Suite currently includes:

1. Governance Training Handbooks specifically designed for different settings (i.e., ministries of health, provincial and district health systems, hospitals, and health centers).
2. Five guides on how to apply the effective governing practices.

The suite is available at <http://www.lmgforhealth.org/expertise/governing>. The participants will be able to download and customize any of the tools and templates available in the suite.

In the future, LMG plans to further develop this suite of resource materials by adding (1) a learning lab kit, with a variety of tools, templates, and worksheets that facilitators can use to engage learners, and (2) case studies, scenarios, and tools for team and experiential learning, including selected readings and video-taped insights for those less literate.

We hope the resource suite will stimulate governing body leaders of civil society organizations, ministry of health bodies (at national, provincial, district, and community levels), public hospitals, and of family planning, HIV and AIDS, malaria and TB project-focused governing bodies to consider enhancements to the structures, style, systems, and effectiveness of their governance models and governance work.

Trainer Goals

1. Introduce the Governance Resource Suite to the participants.
2. Guide participants on how to access it and use it, when it becomes available.

Participant Goals

1. Get to know the Governance Resource Suite and what is available in the suite.
2. Get to know how to access it and use it when it becomes available
3. Express any needs for other resource materials that will facilitate learning.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	1. Learning objectives 2. Introduction of the topic 3. Introduction of the	Governance Resources Suite

Time	Activity	Focus	Relevant materials for reference
		handouts /materials/ guide 4. Presentation on the topic	
15 minutes	2. Small group work session	Each group discusses what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness.	As above
25 minutes	3. Plenary discussion	A group makes a presentation to the other groups on what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether participants have reached the learning objectives.	As above

Required Reading

1. Guide for Continuous Governance Enhancement
(Available at <http://www.lmgforhealth.org/expertise/governing>)

Background Reading

1. Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust (Available at <http://www.americangovernance.com/resources/reports/brp/2009/brp-2009.pdf>)

Session Handouts

1. Contents of the Governance Resource Suite

2. Governance Resource Suite Utilization Planning Tool

Session outputs

1. Presentations by the groups on what components of the suite they find useful in the Governance Resource Suite, how they intend to use the materials, and what other materials will be helpful to them in enhancing their governance effectiveness.
2. Facilitator's notes on his or her assessment of the groups and whether the participants have achieved the learning objectives.

Contents of the Governance Resource Suite

<p>Five guides:</p> <ol style="list-style-type: none"> 1. Guide for Cultivating Accountability 2. Guide for Engaging Stakeholders 3. Guide for Setting a Shared Strategic Direction 4. Guide for Stewarding Resources 5. Guide for Continuous Governance Enhancement
<p>Facilitator Handbooks:</p> <p>Training handbooks facilitate the delivery of the contents of these guides to the leaders or the governing bodies who govern the ministries of health, public hospitals, provincial and district health systems, and health centers.</p>
<p>Reference Library (To be customized to the learning needs of the participants)</p> <p>Governing Practices:</p> <ol style="list-style-type: none"> 1. MSH eManager issue on “How to Govern Health Sector and Its Institutions Effectively” (available at http://www.lmgforhealth.org/expertise/governing) 2. Chapter 3 of MSH’s <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> 3. Targeted literature review on governance (available at http://www.lmgforhealth.org/expertise/governing) 4. Synthesis of the findings of the LMG survey and interviews on governing practices (available at http://www.lmgforhealth.org/expertise/governing) 5. Five strategies to govern decentralized health systems <p>Evidence of impact on governance*:</p> <ol style="list-style-type: none"> 1. Björkman and Svensson, 2009 2. Olafsdottir et al., 2011 3. Rajkumar and Swaroop, 2008 4. Maureen Lewis, 2006 5. Results of the LMG’s Pilot Study in 3 Provinces and 11 Districts of Afghanistan <p>Governance frameworks**:</p> <ol style="list-style-type: none"> 1. Governance for Health in 21st Century (WHO European Region) 2. Veillard et al. (Stewardship in health) 3. Siddiqi et al. 4. Mikkelsen-Lopez et al. (Governance from a health systems perspective) 5. Brinkerhoff and Bossert 6. IPPF Code of Good Governance 7. NHS Code and Guide for Good Governance <p>Gender in Governance:</p> <ol style="list-style-type: none"> 1. Gender in leadership, management, and governance 2. UN Publications on Gender in Governance <p>Governance of Medicines***:</p> <ol style="list-style-type: none"> 1. WHO Model GGM Framework 2012 2. WHO Medicines Transparency Assessment Instrument 3. Pharmaceutical Governance (Strengthening Pharmaceutical Systems)
<p>Learning Toolkit with a variety of tools, worksheets and templates:</p> <p>Sample Charter</p> <p>Ideal Competency Profile</p> <p>Role and Responsibilities of Chairperson of Governing Body</p> <p>Roles and Responsibilities of Chairpersons of Key Committees on Planning, Finance, Quality and</p>

Governance Enhancement
Roles and Responsibilities of Members
Sample Meeting Agendas
Sample Calendar of Meetings
Sample Self-Assessments
Sample Meeting Book
Tools on Stakeholder Engagement
Tools to Help Set the Strategic Direction

* Björkman M, Svensson J. 2009. Power to the People: Evidence from a Randomized Field Experiment on Community-Based Monitoring in Uganda. *The Quarterly Journal of Economics*, **124**(2), pp. 735-769.

*Olafsdottir A, Reidpath D, Pokhrel S, Allotey P. 2011. Health systems performance in sub-Saharan Africa: governance, outcome and equity. *BMC Public Health*, **11**(1), pp. 237.

*Rajkumar AS, Swaroop V. 2008. Public spending and outcomes: Does governance matter? *Journal of Development Economics*, **86**(1), pp. 96-111.

** Veillard JHM, Brown AD, Bariş E, Permanand G, Klazinga NS. 2011. Health system stewardship of National Health Ministries in the WHO European region: Concepts, functions and assessment framework. *Health Policy*, **103**(2–3), pp. 191-199.

Siddiqi S, Masud TI, Nishtar S et al. 2009. Framework for assessing governance of the health system in developing countries: Gateway to good governance. *Health Policy*, **90(1), pp. 13-25.

Mikkelsen-Lopez I, Wyss K, De Savigny D. 2011. An approach to addressing governance from a health system framework perspective. *BMC International Health and Human Rights*, **11(1), pp. 13.

**Brinkerhoff DW, Bossert TJ. 2008. *Health Governance: Concepts, Experience and Programming Options*. Submitted to the U.S. Agency for International Development. Washington, DC: Health Systems 20/20.

*** Anello E. 2008. Elements of a framework for good governance in the public pharmaceutical sector. In: *A framework for good governance in the pharmaceutical sector. GGM model framework. Working draft for field testing and revision*. Geneva: World Health Organization Department of Essential Medicines and Pharmaceutical Policies, pp. 19-30. Online at: <http://www.who.int/medicines/areas/policy/goodgovernance/GGMframework09.pdf>, accessed 13 June 2012.

***Strengthening Pharmaceutical Systems (SPS). 2011. Pharmaceuticals and the Public Interest: The Importance of Good Governance. Submitted to the U.S. Agency for International Development by the SPS Program. Arlington, VA: Management Sciences for Health, pp. 7-16.

Governance Resource Suite Utilization Planning Tool

	Usefulness rating					How the participants intend to use the resource
	1	2	3	4	5	
Governance Training Handbooks						
For MOH Governance Leaders and Governing Bodies						
For Provincial Health System Leaders and Governing Bodies						
For District Health System Leaders and Governing Bodies						
For Hospital Governing Bodies						
For Health Center Governing Bodies						
Governance Guides						
On Cultivating Accountability						
On Engaging Stakeholders						
On Setting a Shared Strategic Direction						
On Stewarding Resources						
On Continuous Governance Enhancement						
Case studies and scenarios for team and experiential learning (to be developed)						
Reference Library that is continuously updated on trends and evidence of the value of effective governance						
Learning Toolkit with a variety of tools, worksheets, and templates that facilitators can use to engage learners, and participants can use in their governance work (to be developed)						
Sample Charter						
Ideal Competency Profile						
Role and Responsibilities of Chairperson of Governing Body						
Roles and Responsibilities of Chairpersons of Key Committees on Planning, Finance, Quality and Governance Enhancement						
Roles and Responsibilities of Members						
Sample Meeting Agendas						
Sample Calendar of Meetings						
Sample Self-Assessments						
Sample Meeting Book						
Tools on Stakeholder Engagement						
Tools to help Set The Strategic Direction						
Other Tools						

	Usefulness rating					How the participants intend to use the resource
Contact details of language and culture-sensitive mentors available to help mentor the participants						
Any other tools, worksheets, or templates that you suggest will be useful						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Session 2: Applying the Challenge Model

Good governance creates the conditions within which health managers are more likely to strengthen their health systems and organizational performance and therefore health providers and health workers are more likely to provide better health services and achieve greater health outcomes.

Session Design

During this session, participants will be introduced to definitions for governance and good governance, and the five practices of governance (cultivating accountability, engaging with stakeholders, setting a shared strategic direction, stewarding resources, and assessing and improving governance). They will outline their vision of good governance in light of their own organization's mission. They will then apply the Challenge Model to governance in their own setting. Based on their experience, they will assess their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenge, identify two to three strategic measures of organizational performance that their governing body wants to influence, and key priority actions they will undertake to overcome the obstacles.

Participants will increase their understanding of what frustrates and what facilitates good governance in their setting and also how to overcome the obstacles that come in the way of their governing well. They will be able to articulate their governance capacity building needs.

Trainer Goals

1. Help participants discuss, define and describe governance and good governance.
2. Introduce the five governing practices.
3. Help participants apply the Challenge Model to governance in their own setting, discuss their current governance situation, identify obstacles and root causes that come in the way of their governing well, define their key governance challenge, identify two to three strategic measures of organizational performance that their governing body wants to influence through the use of good governance, and pinpoint key priority actions they will take to overcome the obstacles.

Participant Goals

1. Discuss, define, and describe governance and good governance.
2. Discuss what is working, what is not working in your governance, and what could be done to improve it.
3. Apply the Challenge Model to governance in your own setting, discuss your current governance situation, identify obstacles and root causes that come in the way of your governing well, define your key governance challenge, identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance, and pinpoint key priority actions you will take to overcome the obstacles.

4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	<ul style="list-style-type: none"> ▶ Pages 1-4 of the eManager on “How to Govern Health Sector and Its Institutions Effectively” ▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> ▶ Challenge Model contained in the Guide for Setting a Shared Strategic Direction
20 minutes	2. Small group work session	<p>Prior to the Governance Academy, each group has applied the Challenge Model to governance in their own setting, discussed their current governance situation, identified obstacles and root causes that come in the way of their governing well, defined their key governance challenge, identified two to three strategic measures of organizational performance that their governing body wants to influence, and identified key priority actions they will take to overcome the obstacles. The groups recap the results of this exercise and prepare their group presentation.</p>	As above

Time	Activity	Focus	Relevant materials for reference
20 minutes	3. Plenary discussion	A group makes a presentation to the other group on their current governance situation, obstacles and root causes of less than the best possible governance of their organization, their key governance challenge, two to three strategic measures of organizational performance that their governing body wants to influence, and key priority actions they will take to overcome the obstacles. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether participants have achieved the learning objectives.	As above

Required Reading

1. Challenge Model contained in the Guide for Setting a Shared Strategic Direction
2. Pages 1-4 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Background Reading

1. Governance Chapter of *Health Systems in Action: An eHandbook for Leaders and Managers*

Session Handouts

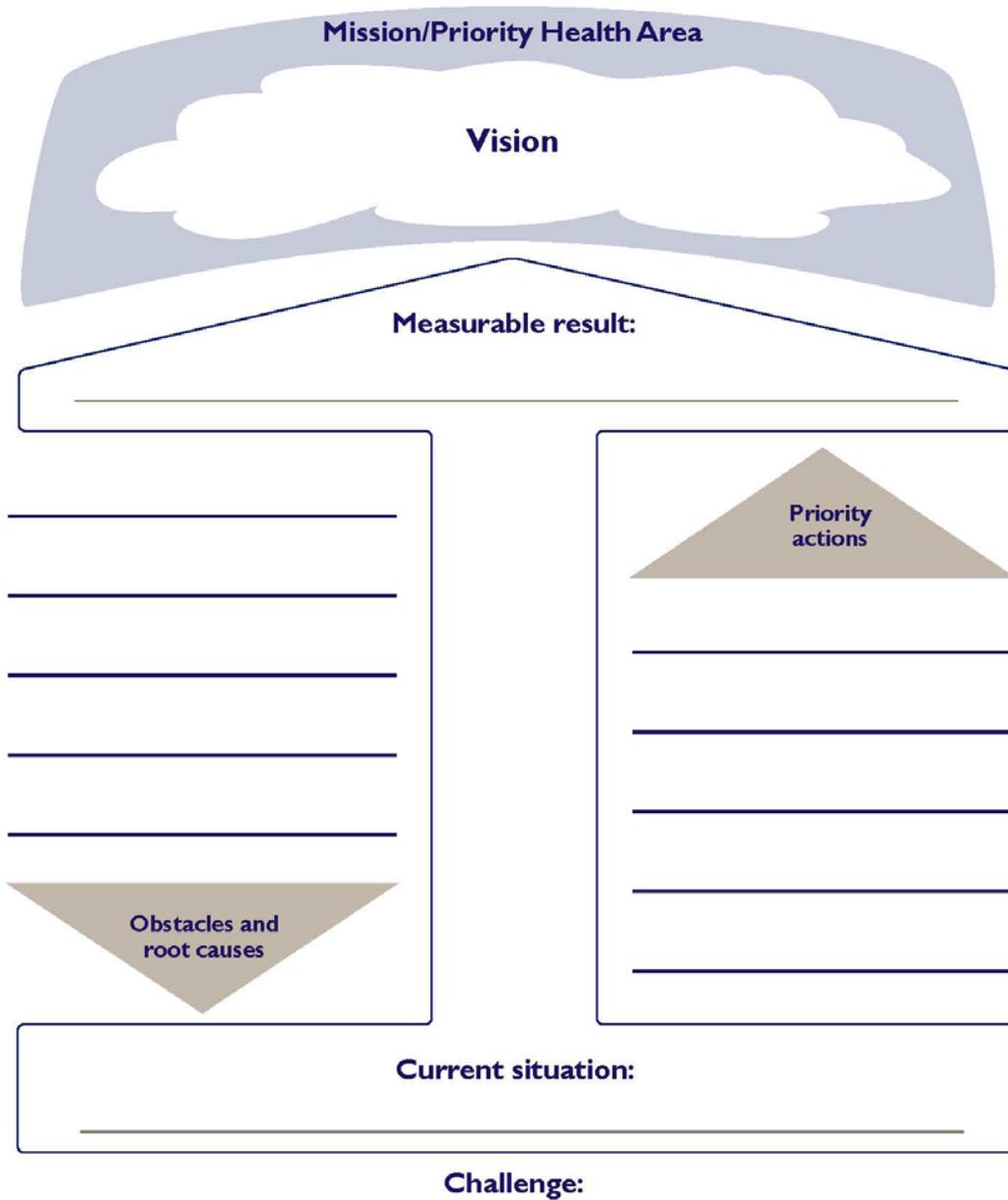
1. Relevant sections of the eManager
2. Section on the Challenge Model contained in the Guide for Setting a Shared Strategic Direction
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their governance challenges and key priority actions.
2. Facilitator's notes on his or her assessment of the groups and whether the participants have achieved the learning objectives.

Applying Challenge Model to Governance Challenges

Challenge Model



(How will we achieve our desired result in light of the obstacles we need to overcome?)



Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric / rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 3: Reviewing roles and responsibilities of a governing body

Session Design

The participants will remember the five responsibilities of the governing body that were mentioned in their invitation letter.

1. Bring needs of beneficiaries in to the plans and work of the organization.
2. Advocate for the needs of the organization to resource stakeholders.
3. Support management to develop service quality.
4. Support management to develop the economic vitality of the organization.
5. Help management to protect and achieve the mission of the organization.

During this session, participants will be introduced to the expanded set of twelve key governing body responsibilities.

1. Determine the organization's mission and purpose
2. Select the executive director
3. Support the executive and evaluate the executive director's performance
4. Set a strategic direction and ensure effective organizational planning
5. Ensure adequate resources and sustainability of the services the organization provides
6. Manage resources effectively and provide financial oversight
7. Strengthen and oversee the organization's programs and services
8. Enhance the organization's public image
9. Nurture relationships with the communities and stakeholders
10. Establish a culture of openness and transparency, accountability, ethical and moral integrity, inclusiveness and participation, responsiveness, and patient safety in the organization
11. Establish a culture of measuring and reporting performance, and pursuit of efficiency and sustainability in the organization
12. Assess and enhance its own performance

Participants will refer to their own roles and responsibilities and discuss how they compare with these twelve roles and responsibilities. Participants will increase their understanding of the basic governance roles and responsibilities of a governing body.

Trainer Goals

1. Introduce twelve key roles and responsibilities of a governing body to the participants.
2. Help participants compare their own roles and responsibilities with these twelve roles and responsibilities.
3. Help participants identify, discuss, describe, and internalize key governance responsibilities.

Participant Goals

1. Get to know twelve key roles and responsibilities of a governing body.

2. Compare your own roles and responsibilities with these twelve roles and responsibilities.
3. Identify, discuss, describe, and internalize key governance responsibilities.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	<ul style="list-style-type: none"> ▶ BoardSource: Ten Basic Responsibilities of Nonprofit Boards ▶ BoardSource: Board Fundamentals - Understanding Roles in Nonprofit Governance ▶ Terms of Reference (ToR) or roles and responsibilities of the governing bodies of which participants are the members
20 minutes	2. Small group work session	Each group refers to its own responsibilities and discusses how they compare with the twelve basic responsibilities. Each group also discusses the roles and responsibilities that are not expressly mentioned in their ToR but need to be fulfilled to achieve the organization's mission, keeping in view the list of twelve basic responsibilities.	As above
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their current roles and responsibilities and those that are not expressly mentioned in their ToR but need to be fulfilled to achieve the organization's mission. Questions	As above

Time	Activity	Focus	Relevant materials for reference
		and answers follow. The other groups go through the same sequence of activities.	
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether participants have achieved the learning objectives.	As above

Required Reading

1. BoardSource: Ten Basic Responsibilities of Nonprofit Boards

Background Reading

1. BoardSource: Board Fundamentals - Understanding Roles in Nonprofit Governance

Session Handouts

1. Roles and responsibilities of the governing bodies where participants are the members (Note: The participants should bring along a copy of their governing role and responsibilities.)
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their key governance roles and responsibilities.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved the learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 4: Cultivating accountability

Session Design

During this session, participants will discuss, define, and describe the first effective governing practice, i.e., cultivating accountability. Based on their experience and from their review of the Guide for Cultivating Accountability, they will recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how best to cultivate accountability, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the first effective governing practice, i.e., cultivating accountability, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to cultivate accountability in their health center.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to cultivate accountability, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Explanation of why this practice is important to good governance	<ul style="list-style-type: none">▶ Pages 1-7 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for</i>

Time	Activity	Focus	Relevant materials for reference
			<i>Leaders and Managers</i> ► Guide for Cultivating Accountability
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the first effective governing practice, i.e., cultivating accountability, and its enablers and foundational principles. Participants also discuss benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will cultivate accountability in their health center, i.e., what specific actions should be taken by them as the health center governing body and the health center management. Participants also discuss what actions and behaviors they should avoid.	Participants should have the <i>Guide for Cultivating Accountability</i> handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also the pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other group on what specific actions they will take as a health center governing body and as health center management to cultivate accountability in their health center. Questions and answers and discussion follow. The other groups go through the same sequence of activities.	As above

Time	Activity	Focus	Relevant materials for reference
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is cultivating accountability? 2. What are its enablers and foundational principles? 3. What will you do to cultivate accountability? 	As above

Required Reading

1. Guide for cultivating accountability
(Available at <http://www.imgforhealth.org/expertise/governing>)

Background Reading

1. Pages 1-7 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Session Handouts

1. Pages 1-7 in the eManager
2. Guide for Cultivating Accountability
3. Simplified performance self-assessment form for a governing body or staff member on how he or she is performing on cultivating accountability
4. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to cultivate accountability.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a governing body or staff member on how he or she is performing on cultivating accountability

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are cultivating personal accountability, which is a first step in improving internal and external accountability of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on openness, transparency, and accountability. You should periodically measure your practice of cultivating personal accountability.

Please read the following measurement scale and circle the number that you think best expresses your attitudes and behavior. Please circle only one number per statement.

1. I demonstrate consistency in my public and private behavior.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2. I openly listen when people offer perspectives that are different from my own.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

3. I explain the reasons for my decisions, for example, I explain to stakeholders why a particular action was or was not taken.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

4. I interact openly and candidly with stakeholders and I answer questions from stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

5. I make records accessible to stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

6. I demonstrate a sense of obligation to stakeholders when making decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

7. I avoid blaming others for mistakes, and I openly admit my mistakes to stakeholders.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

8. I am willing to face the truth, even when it goes against me or what I think.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

9. I accept responsibility for the future direction and accomplishments of my health center.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

10. I accept ownership for the results of my decisions and actions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

11. I look at myself first when my health center's results are disappointing.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

12. I welcome constructive feedback of my actions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Scoring

- ❖ The maximum score that can be earned is 120.
- ❖ Score of 108 and above: indicates outstanding open, transparent, and accountable attitude and behaviors.
- ❖ Score of 61-107: indicates that you meet most requirements.
- ❖ Score of 24-60: indicates that you need to improve.
- ❖ Score below 24: indicates unsatisfactory openness, transparency, and accountability.

The participants should try to adopt open, transparent, and accountable behaviors and use this instrument every quarter or every six months to test whether they are improving their personal accountability scores.

Session 5: Engaging stakeholders

Session Design

During this session, participants will discuss, define, and describe the second effective governing practice, i.e., engaging stakeholders. Based on their experience and their review of the eManager and the Guide for Engaging Stakeholders, they will be able to recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how best to engage with stakeholders in order to collaborate and coordinate with them, i.e., what specific actions should be taken to put this practice into operation. They will also increase their understanding of how to assess themselves in respect of this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the second effective governing practice, i.e., engaging stakeholders, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to engage with stakeholders and coordinate and collaborate with them.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to engage with stakeholders of your health center and coordinate and collaborate with them, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Explanation of why this practice is important to good governance. 	<ul style="list-style-type: none"> ▶ Pages 7-12 of the eManager on “How to Govern Health Sector and Its Institutions Effectively” ▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i> ▶ Guide for Engaging Stakeholders ▶ Pages 195-197 of the MSH publication, <i>Managers Who Lead: A Handbook for Improving Health Services</i> on strategies for successful stakeholder engagement
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the second effective governing practice, i.e., engaging with stakeholders, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies who are the stakeholders of their health center and actions and behaviors they will adopt to engage with	Participants should have the Guide for Engaging Stakeholders handy for reference during

Time	Activity	Focus	Relevant materials for reference
		<p>them, i.e., what specific actions they will take as a health center governing body and health center staff to coordinate and collaborate with them. Participants also discuss what actions and behaviors they should avoid.</p>	<p>the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.</p>
45 minutes	5. Plenary discussion	<p>A group makes a presentation to the other groups on what specific actions should be taken by them as a health center governing body and health center staff to engage with stakeholders of the health center. Questions and answers and discussion follow. The other groups go through the same sequence of activities.</p>	As above
5 minutes	6. Facilitator's assessment at the conclusion	<p>Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions:</p> <ol style="list-style-type: none"> 1. What is engaging with stakeholders? 2. What are its enablers and foundational principles? 3. What will you do to engage with stakeholders? 	As above

Required Reading

1. Guide for Engaging Stakeholders
(Available at <http://www.imgforhealth.org/expertise/governing>)

Background Reading

1. Pages 7-12 of the eManager on “How to Govern Health Sector and Its Institutions Effectively”

Session Handouts

1. Pages 7-12 in the eManager
2. Guide for Engaging Stakeholders
3. Relevant sections (Chapters 1 and 2, and pages 195-197) of the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services* on strategies for successful stakeholder engagement
4. Simplified performance self-assessment form for a health center governing body member or a health center staff member on how he or she is performing on engaging with stakeholders
5. Facilitator’s Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to engage with stakeholders.
2. Facilitator’s notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a health center governing body member or a health center staff member on how he or she is performing on engaging with stakeholders

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are engaging with stakeholders of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on stakeholder engagement. You should periodically measure your practice of stakeholder engagement.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Effective governing action	Performance
1.	I include those who are affected by my decision or their representatives in my decision-making process.	
2.	I consider the concerns of the poor and vulnerable people when making a decision.	
3.	I collaborate with people from sectors outside health to achieve better health outcomes for the people I serve.	
4.	I collaborate with private sector organizations to achieve better health outcomes for the people I serve.	
5.	I collaborate with civil society organizations and nongovernment organizations to achieve better health outcomes for the people.	
6.	I collaborate with different levels of decision-making structures—national, provincial, district and community—to achieve better health outcomes for the people.	
7.	I encourage the sharing of ideas to achieve better health outcomes for the people.	
8.	I ensure participation of key stakeholders in decision making.	
9.	I give youth or their representatives a place in formal decision-making structures.	
10.	I give women or their representatives a place in formal decision-making structures.	
11.	I consider the different needs of men and women before making my decisions.	
12.	The decisions I make on average are responsive to different needs of men	

#	Effective governing action	Performance
	and women.	
13.	I consider the implications of a decision on women as users of health services before I make the decision.	
14.	I consider the implications of a decision on women health workers before I make the decision.	
15.	I consult women in senior management and governance positions and women health workers before making a decision.	
16.	I consider gender-disaggregated evidence before making a decision.	
17.	My decisions do not adversely affect women or their health.	
18.	My decisions give autonomy to women to make a decision concerning themselves, their health, or their fertility.	
19.	My decisions on average reduce gender inequalities.	
20.	My decisions on average are fair to women and promote gender equity.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding stakeholder engagement attitude and behaviors.
- ❖ Score of 31-53: indicates you meet most requirements.
- ❖ Score of 12-30: indicates you need to improve.
- ❖ Score below 12: indicates unsatisfactory stakeholder engagement attitude and behaviors.

The participants should try to adopt stakeholder engagement behaviors and use this instrument every quarter or every six months to test whether they are improving their personal stakeholder engagement scores.

Session 6: Setting a shared strategic direction

Session Design

During this session, participants will discuss, define, and describe the third effective governing practice, i.e., setting a shared strategic direction. Based on their experience, and from their review of the eManager and the Guide for Setting a Shared Strategic Direction, they will be able to recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how to set a shared strategic direction, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will also increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the third effective governing practice, i.e., setting a shared strategic direction, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to set a shared strategic direction.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to set a shared strategic direction for your health center, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Explanation of why this practice is important to good governance.	<ul style="list-style-type: none">▶ Pages 13-14 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"▶ Governance Chapter of <i>Health Systems in Action: An eHandbook for</i>

Time	Activity	Focus	Relevant materials for reference
			<i>Leaders and Managers</i> ► Guide for Setting a Shared Strategic Direction
10 minutes	2. Individual self-assessment	Each participant reviews and completes the self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the third effective governing practice, i.e., setting a shared strategic direction, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will set a shared strategic direction in their health center, i.e., what specific actions should be taken by them as a health center governing body and health center staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Setting a Strategic Direction handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions they will take as a health center governing body and health center staff to set a shared strategic direction in their health center. Questions and answers and discussion follow. The other groups go through the same sequence of activities.	As above

Time	Activity	Focus	Relevant materials for reference
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is setting a shared strategic direction? 2. What are its enablers and foundational principles? 3. What will you do to set a shared strategic direction? 	As above

Required Reading

1. Guide for Setting a Shared Strategic Direction
(Available at <http://www.lmgforhealth.org/expertise/governing>)

Background Reading

2. Pages 13-14 of the eManager on "How to Govern Health Sector and Its Institutions Effectively"

Session Handouts

1. Pages 13-14 in the eManager
2. Guide for Setting a Shared Strategic Direction
3. Relevant sections (Chapters 1, 2 and 3) of the MSH publication, *Managers Who Lead: A Handbook for Improving Health Services*
4. Simplified performance self-assessment form for a health center governing body member or a health center staff member on how he or she is performing on setting a shared strategic direction
5. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to set a shared strategic direction.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a health center governing body member or a health center staff member on how he or she is performing on setting a shared strategic direction

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are setting a shared strategic direction for the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on strategic direction setting. You should periodically measure your practice of setting a shared strategic direction.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Effective governing action	Performance
1.	I scan the internal and external environment for strengths, weaknesses, opportunities, and threats to the health of the people I serve.	
2.	I focus my work and the work of my governing body on achieving better health outcomes for people I serve.	
3.	I mobilize human, material and financial resources and align them to achieve better health outcomes for people I serve.	
4.	I inspire my governing body to work for better health outcomes for people I serve.	
5.	I have contributed in developing a mission and purpose statement for my governing body, working with other members.	
6.	To determine the future strategic direction, I have contributed in developing the vision of my governing body.	
7.	I have considered the people’s needs and concerns in defining this vision or strategic direction.	
8.	I have contributed in documenting and widely disseminating this collective vision.	
9.	I have contributed in developing an action plan with measurable goals for realizing this vision.	
10.	I have contributed in setting up accountability mechanism for achieving the goals in order to reach this vision or strategic direction.	
11.	I motivate my governing body colleagues to work to achieve our collective	

#	Effective governing action	Performance
	vision.	
12.	I motivate other stakeholders to work to achieve the collective vision.	
13.	I advocate for our collective vision at different levels of governance, in sectors outside of health, and in other venues.	
14.	I observe, check, and keep a continuous record of what is going on in terms of implementation of the action plan for realizing the collective vision.	
15.	I contributed in monitoring and reflecting on progress against the action plan.	
16.	I provide feedback to my stakeholders on progress made in the implementation of this action plan.	
17.	I involve stakeholders in the measurement of results.	
18.	I, working with my governing body members, assess the results, what worked and what went wrong, and identify changes needed to be made.	
19.	I use information and evidence while doing much of what is stated above.	
20.	I use modern technology to facilitate much of what is stated above.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding strategic direction setting behaviors.
- ❖ Score of 31-53: indicates that you meet most requirements.
- ❖ Score of 12-30: indicates that you need to improve.
- ❖ Score below 12: indicates unsatisfactory strategic direction setting behaviors.

The participants should try to adopt strategic direction setting behaviors and use this instrument every quarter or every six months to test whether they are improving their strategic direction setting scores.

Session 7: Stewarding resources

Session Design

During this session, participants will discuss, define, and describe the fourth effective governing practice, i.e., stewarding resources. Based on their experience, and their review of the eManager and the Guide for Stewarding Resources, they will recall the definition, enablers, and principles of this governing practice. Participants will get an opportunity to brainstorm and clarify how to steward resources, i.e., what specific actions should be taken to put this practice into operation in their own setting. They will also increase their understanding of how to assess themselves in respect to this governing practice.

Trainer Goals

1. Help participants discuss, define, and describe the fourth effective governing practice, i.e., stewarding resources, and its enablers and foundational principles.
2. Help participants brainstorm and clarify how best to steward resources.
3. Increase participants' understanding of how to do a self-assessment in respect to this governing practice.

Participant Goals

1. Define and describe this effective governing practice.
2. Recall and discuss the enablers and foundational principles of this practice.
3. Brainstorm and clarify how to steward resources in your health center, i.e., what specific actions should be taken?
4. Review an individual self-assessment of this practice.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Explanation of why this practice is important to good governance.	<p>► Pages 15-21 of the eManager on “How to Govern Health Sector and Its Institutions Effectively”</p> <p>► Governance Chapter of <i>Health Systems in Action: An eHandbook for Leaders and Managers</i></p>

Time	Activity	Focus	Relevant materials for reference
			► Guide for Stewarding Resources
10 minutes	2. Individual self-assessment	Each participant reviews and completes self-assessment form.	As above
10 minutes	3. Small group work session	Each group discusses the fourth effective governing practice, i.e., stewarding resources, and its enablers and foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies actions and behaviors they believe will steward resources in their health center, i.e., what specific actions they should take as a health center governing body and health center staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Stewarding Resources handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions they will take as the health center governing body and the health center staff to steward resources in their health center. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to	As above

Time	Activity	Focus	Relevant materials for reference
		whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is stewarding resources? 2. What are its enablers and foundational principles? 3. What will you do to steward resources? 	

Required Reading

1. Guide for Stewarding Resources
(Available at <http://www.imgforhealth.org/expertise/governing>)

Background Reading

1. Pages 15-21 of the eManager on “How to Govern Health Sector and Its Institutions Effectively”

Session Handouts

1. Pages 15-21 in the eManager
2. Guide for Stewarding Resources
3. Simplified performance self-assessment form for a health center governing body member or a health center staff member on how he or she is performing on stewarding resources
4. Facilitator’s Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to steward resources.
2. Facilitator’s notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives identified above, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group a) has achieved the learning objectives, and b) can answer the central questions?	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a health center governing body member or a health center staff member on how he or she is performing on stewarding resources

Instruction for facilitator: While good governance is a group or collective process, the participants in the governance process should possess certain attributes and competencies and should be applying effective governing practices. Using this instrument, the participants will assess how well they are stewarding the resources of the organization. This short form allows the participants to think about and assess the degree to which they are applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on resource stewardship. You should periodically measure your practice of stewardship.

Please read the following measurement scale and circle the number that you think best expresses your attitudes and behavior. Please circle only one number per question.

1. I make sure that my actions are always ethical.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

2. I can be trusted to serve the interests of the public rather than my own personal interests.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

3. I do what I say.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

4. I can be believed and relied upon to keep my word.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

5. I allow people affected by my decisions to exercise influence on these decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

6. I am willing to reconsider my decisions on the basis of recommendations by those who are affected by my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

7. I allow others to participate in decision making.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

8. I use my time well.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

9. I use others' time well.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

10. I try to produce a specific result effectively with a minimum of waste.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

11. I try to produce results or create systems that will endure and be sustained in the future.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

12. I periodically measure my own performance.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

13. I periodically measure the performance of my governing body.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

14. I use data and information to arrive at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

15. I use evidence to arrive at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

16. I use technology to facilitate at my decisions.

Never..... Always

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Scoring

- ❖ The maximum score that can be earned is 160.
- ❖ Score of 144 and above: indicates outstanding stewardship attitude and behaviors.

- ❖ Score of 81-143: indicates that you meet most requirements.
- ❖ Score of 32-80: indicates that you need to improve.
- ❖ Score below 32: indicates unsatisfactory stewardship attitude and behaviors.

The participants should try to adopt stewardship behaviors and use this instrument every quarter or every six months to test whether they are improving their stewardship scores.

Session 8: Assessing and enhancing governance

Governance needs to be dynamic because the context for the organization is dynamic. A good governing body develops an intentional and purposeful design for its structure and decision-making processes. Effective governing bodies continuously challenge themselves to assess their work and continuously improve their structures, systems, processes, style, and competencies.

Session Design

During this session, participants will discuss the fifth and final effective governing practice, i.e., assessing and enhancing governance. Based on their experience, and their review of the Guide for Continuous governance Enhancement, they will be able to recall the principles and techniques of this governing practice. Participants will get an opportunity to brainstorm and clarify how to assess and enhance governance, i.e., what specific actions should be taken to put this practice into operation in their own setting. Sample governance assessment tools are provided.

Trainer Goals

1. Help participants discuss and describe the final effective governing practice—the value of assessing and enhancing governance in a manner that encourages continuous governance process improvement.
2. Help participants brainstorm and clarify how best to assess and enhance governance.
3. Increase participants' understanding of the various governance assessments and self-assessment tools and processes.

Participant Goals

1. Describe this effective governing practice.
2. Recall and discuss the foundational principles of this practice.
3. Understand the benefits of good self-assessments, and the risks of poor or infrequent self-assessments.
4. Brainstorm and clarify how to periodically assess and continuously enhance governance of your health center, i.e., what specific actions should be taken to put it into practice?
5. Review a collective self-assessment of this practice.
6. Review various governance assessments and self-assessment tools and processes.
7. Brainstorm and adapt governance assessments your governing body will use in your health center.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
10 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Explanation of why this practice is important to good governance. 	► Guide for Continuous Governance Enhancement
10 minutes	2. Individual self-assessment	Each participant reviews and completes the simplified governance self-assessment.	As above
10 minutes	3. Small group work session	Each group discusses the fifth effective governing practice, i.e., assessing and enhancing governance, and its foundational principles. Participants also discuss the benefits of this practice and the risks if they do not practice it.	As above
40 minutes	4. Small group work session	Each group brainstorms and clarifies how to assess and enhance governance in their health center, i.e., what specific actions they should take as the health center governing body and the health center staff. Participants also discuss what actions and behaviors they should avoid.	Participants should have the Guide for Continuous Governance Enhancement handy for reference during the session. They should discuss which of the generic actions described in the guide will be most helpful in their own setting and also pros and cons of taking these actions in their setting.
45 minutes	5. Plenary discussion	A group makes a presentation to the other groups on what specific actions should be taken by them as a health center governing body and the health center staff	As above

Time	Activity	Focus	Relevant materials for reference
		to assess and enhance governance in their health center. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants a) have achieved the learning objectives identified above, and b) can answer the three central questions: <ol style="list-style-type: none"> 1. What is meant by assessing and continuously improving governance? 2. What are foundational principles of this governing practice? 3. What will you do to periodically assess and continuously improve governance in your institution? 	As above

Required Reading

1. Guide for Continuous Governance Enhancement
(Available at <http://www.lmgforhealth.org/expertise/governing>)

Session Handouts

1. Guide for Continuous Governance Enhancement
2. Different governance assessments and self-assessments
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on how to assess and enhance governance.
2. Facilitator's notes on his or her assessment of the groups and whether the participants a) have achieved the learning objectives, and b) can answer the central questions.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1	Whether the group a) has achieved learning objectives, and b) can answer the central questions?	40	
2	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3	Mastery of material Ability to answer questions	20	
4	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Simplified performance self-assessment form for a health center governing body member or a health center staff member on how their governing body is assessing and enhancing governance

Instruction for facilitator: Using this instrument, the participants will assess how well their governing body is periodically assessing and continuously improving governance of the organization. This short form allows the participants to think about and assess the degree to which their governing body is applying key elements of this governing practice.

Instruction for participants: You may take the test below and assess yourself on continuous governance enhancement. You should periodically measure your practice of continuous governance enhancement.

Please read the following instrument and using a number out of 1 to 3 (or using 1, 2 or 3 smiley faces), indicate the number that you think best expresses your attitudes and behavior.

Performing well = 3, Average performance = 2, Needs improvement = 1 or
 Performing well = 😊😊😊, Average performance = 😊😊, Needs improvement = 😊

#	Action	Performance
1.	Specific governing competencies are identified and documented for our governing body members and senior managers.	
2.	We have a diversity statement for our governing body and management to follow.	
3.	Our organization is committed to achieving diversity in governance and management leadership.	
4.	Our organization has a formal program for ongoing education of governing body members.	
5.	Our governing body uses competency-based criteria when selecting new members.	
6.	New governing body members receive a thorough orientation before they join the governing body.	
7.	Our governing body does periodic assessments of its performance.	
8.	Our governing body uses the results from the self-assessment process to establish its performance improvement goals.	
9.	Our governing body assesses performance of the chief executive on a regular basis.	
10.	Our governing body meetings are productive.	
11.	Time and talent of our governing body members are effectively used.	
12.	Our governing body holds a retreat once a year to reflect on its past performance and plan for improvements in future performance.	
13.	Our governing body has bylaws and governance policies.	

#	Action	Performance
14.	We have a conflict of interest policy for the governing body and the staff.	
15.	We have a code of ethics and conduct for the governing body and the staff.	
16.	We do health center workforce satisfaction survey on a regular basis.	
17.	We do patient satisfaction assessment on a regular basis.	
18.	Our governing body is responsive to concerns of health service users.	
19.	Our governing body is responsive to concerns of staff and health workers.	
20.	Our governing body uses information, evidence, and technology for enhancing its governance performance.	

Scoring

- ❖ The maximum score that can be earned is 60.
- ❖ Score of 54 and above: indicates outstanding governance enhancement behaviors.
- ❖ Score of 31-53: indicates that your governing body meets most requirements.
- ❖ Score of 12-30: indicates that your governing body needs to improve.
- ❖ Score below 12: indicates unsatisfactory governance enhancement attitude and behaviors.

The participants should try to adopt continuous governance enhancement behaviors and use this instrument every quarter or every six months to test whether they are improving their governance enhancement scores.

Health governance self-assessment tool for health center governing body: Sample 1

This self-assessment tool is a sample tool for use by a governing body that oversees a health center, based on its roles and responsibilities.

The governing body assesses its own performance on a scale of 0 to 10, where 0 represents the worst performance and 10 represents the best performance on a given responsibility of the governing body. Opportunities are external factors in the environment that may improve performance and threats are external elements in the environment that could cause trouble, whereas strengths and weaknesses are internal to the governing body.

#	Governance Responsibility	Internal		External		Performance on a scale of 0 to 10
		Strengths	Weaknesses	Opportunities	Threats	
1.	Establish a culture of openness and transparency, accountability, ethical and moral integrity, inclusiveness and participation, responsiveness, and patient safety in the organization.					
2.	Establish a culture of measuring and reporting performance, and pursuit of efficiency and sustainability in the organization.					
3.	Setting strategic direction for three to five years and strategic planning based on the strategic direction.					
4.	Determine the organization's mission and purpose.					
5.	Support the achievement of health outcomes, responsiveness and patient satisfaction, and patient safety.					
6.	Nurture relationships with the communities and the people served.					
7.	Stewardship of scarce resources a. Ethical and the best use of available resources for the achievement of health outcomes for the people served.					
	b. Providing vision and direction for the health center.					
	c. Exerting influence across different sectors for achieving the best health outcomes for the population in the catchment area.					
	d. Collecting and using information and evidence on health center performance in order to ensure accountability and transparency.					
8.	Ensure adequate financial resources.					
9.	Provide financial oversight.					
10.	Performance monitoring and supporting high performance.					
11.	Strengthen and oversee the organization's programs and services.					
12.	Continuous improvement of the functioning of					

#	Governance Responsibility	Internal		External		Performance on a scale of 0 to 10
		Strengths	Weaknesses	Opportunities	Threats	
	the governing body.					
13.	Building a competent governing body.					
14.	Select the executive director.					
15.	Support the executive and evaluate the executive director's performance.					
16.	Enhance the organization's public image.					
17.	Any other responsibility the governing body fulfills.					

Scoring criteria

Maximum score that can be earned is 200.
 Score of 150 and above: outstanding governance.
 Score of 100-149: meets most requirements.
 Score of 50-99: needs improvement.
 Score below 50: unsatisfactory governance.

Health governance self-assessment tool for health center governing body: Sample 2

This is another self-assessment sample for use by a health center governing body, based on governance standards.

Scoring guide	
No activity	0% or absolutely no activity.
Minimal activity	Greater than zero, but no more than 25% of the activity described in the standard is met.
Moderate activity	Greater than 25%, but no more than 50% of the activity described in the standard is met.
Significant activity	Greater than 50%, but no more than 75% of the activity described in the standard is met.
Optimal activity	Greater than 75% of the activity described in the standard is met.

#	Governance Standard	0%	1-25%	26-50%	51-75%	76-100%
A. Oversight for health situation and trend assessment						
1.	Facilitates access to appropriate resources for community health status monitoring, and mobilizes resources and support for the surveys.					
2.	Promotes broad-based participation and coordination among all entities active in collecting, analyzing, and disseminating community health status data.					
3.	Provides oversight and support for community health status monitoring efforts.					
4.	Guides improvements in the health status monitoring efforts.					
B. Oversight of monitoring and evaluation of health services						
1.	Facilitates access to the necessary resources to conduct periodic monitoring and evaluations.					
2.	The governing body itself evaluates the health services.					
3.	Makes sure that regular supportive supervision, monitoring and evaluation of health services takes place.					
4.	Encourages all relevant stakeholders to provide input into monitoring and evaluation processes.					
5.	Reviews evaluation results and utilizes these results to improve health service performance.					
C. Oversight for data and information management						
1.	Facilitates access to appropriate resources for data and information management.					
2.	Promotes broad-based participation and coordination among all entities active in data and information management tasks.					
3.	Reviews data and information management on a quarterly basis, and provides oversight and support for data and information management efforts.					
4.	Guides improvements in the overall data and information management.					
D. Oversight for health service delivery						
1.	Aligns the public and nongovernment organizations and the private sector responsible for delivery of health services.					
2.	Allows community monitoring of the delivery of health services.					
3.	Facilitates community input in problem identification and problem solving.					
4.	Conducts periodic reviews of health service delivery with special attention to services for vulnerable populations.					
E. Oversight of coordination, communication and inter-sectoral collaboration activities						
1.	Facilitates access to resources for coordination, communication, and inter-sectoral collaboration activities.					

#	Governance Standard	0%	1-25%	26-50%	51-75%	76-100%
2.	Establishes and oversees the implementation of policies to support activities to inform, educate, and empower people about health issues, and reviews these activities in light of community needs.					
3.	Makes sure that all population subgroups have an opportunity to provide input on health issues and health services.					
4.	Exerts influence across sectors to protect and promote the health of the community.					
F.	Supporting health service delivery					
1.	Ensures that the organization is providing quality health services through joint visits, assessment of the quality of service, and assistance in staff recruitment and training.					
2.	Encourages staff and health workers to articulate their issues in a timely manner.					
3.	Mobilizes community support for the organization.					
4.	Supports delivery of quality services to vulnerable populations.					
G.	Oversight of health resource management					
1.	Establishes and oversees the implementation of policies designed to assure efficient and effective use of physical, financial, and human resources and medicines and supplies.					
2.	Establishes and oversees the implementation of policies designed to assure improvements in workforce, management, and leadership quality.					
3.	Facilitates access to resources for workforce training, leadership development, and continuing education.					
4.	Provides for the training and continuing education of the governing body.					
5.	Assists in mobilizing resources for the health system and for health services.					
H.	Oversight of preventive and clinical services, environmental health services, and forensic medicine services					
1.	Oversees and supports the delivery of preventive and clinical services, environmental health services, and forensic medicine services.					
2.	Facilitates community monitoring of the delivery of these services.					
3.	Encourages community input into the delivery of these services.					
4.	Ensures transparency, accountability, and ethical and moral integrity in the provision of these services.					
I.	Oversight of strategic and annual planning					
1.	Maintains and annually reviews documentation of the mission statement.					
2.	Assesses and advocates for adequate resources for planning.					
3.	Supports planning for improvement in health of the population and works to strategically align with the community.					
4.	Oversees the implementation of the strategic and annual plans.					
J.	Oversight of management of health emergencies					
1.	Supports planning for emergency response and works to strategically align community resources for this purpose.					
2.	Facilitates access to appropriate resources for management of health emergencies.					
3.	Promotes broad-based participation and coordination among all entities active in the management of health emergencies.					
4.	Provides oversight and support for the management of health emergencies.					
K.	Nurturing community relationships and involvement					
1.	Ascertains people's preferences, needs, problems, challenges, and issues in health service delivery.					
2.	Mobilizes community input in the planning and implementation of health services.					
3.	Mobilizes community input in monitoring, evaluation, and ensuring accountability in health service delivery.					
4.	Provides relevant feedback to its stakeholders and the communities in the catchment area.					

End-of-the-Second-Day Evaluation of Sessions

The participants will evaluate the four sessions conducted during the day using a short questionnaire. In addition to the written feedback, the facilitator will give participants an opportunity to provide oral feedback.

Sessions 5 through 8 Evaluation Form

(Participants should not hesitate to give positive feedback and should not withhold negative feedback. Feedback on what will be important for improving these sessions for future audiences is especially welcome.)

1. *Did sessions 5 to 8 meet the learning objectives and did they meet your needs? Please explain.*

2. *What did you find was the most valuable part of these four sessions? What part was not of much use? Please explain why. We appreciate any other specific comments on the content of the four sessions.*

3. *Please provide specific comments on the structure of the sessions, mode of delivery of the sessions, their pace, structure of group exercises, reference and reading materials/handouts/guides/handbooks, etc.*

Session 9: Promoting competency-based governance

Session Design

During this session, participants will be introduced to key governing competencies, i.e., the capabilities, knowledge, and skills required to effectively discharge governance roles and responsibilities.

Personal capabilities	Knowledge and skills
<ol style="list-style-type: none"> 1. Accountability 2. Achievement orientation 3. Leading change 4. Collaboration 5. Community orientation 6. Impact and influence 7. Information seeking 8. Innovative thinking 9. Managing complexity 10. Organizational awareness 11. Professionalism 12. Relationship building 13. Strategic orientation 14. Talent development 15. Team leadership 	<ol style="list-style-type: none"> 1. Health care service delivery and performance 2. Health professional education, training, and practice 3. Business and finance 4. Human resources 5. Senior management experience

(Source: Center for Healthcare Governance. 2010. *Competency-Based Governance: A Foundation for Board and Organizational Effectiveness*. American Hospital Association, Health Research & Educational Trust, and Hospira. Chicago, IL.)

These core competencies constitute a mix of skills that a governing body requires its members to collectively possess . This mix of competencies is often referred to as a “competency matrix.” Ideally, an individual possesses at least one of these core competencies to be considered for appointment as a governing body member. These competencies can be developed through member training and professional development.

Effective governance by a governing body depends on the membership having an appropriate combination of competencies (skills and experience) and personal attributes (behavior and attitude) to support the organization’s mission, and ability to work together as a highly motivated team.

During this session, participants will refer to the skills profile of their own governing body and discuss how it compares with the matrix above of twenty core governance competencies. Participants will increase their understanding of the basic governing competencies needed in a governing body to govern well.

Trainer Goals

1. Introduce the twenty key governing competencies to the participants.
2. Help participants review the skills profile of their own governing body and discuss how it compares with the competency matrix of twenty core governing competencies.
3. Help participants identify, discuss, and describe key governing competencies required to govern well in their own setting.

Participant Goals

1. Get to know the twenty key competencies of a governing body.
2. Compare the skills profile of your governing body and discuss how it compares with the competency matrix of twenty core competencies.
3. Identify, discuss, and describe key governing competencies required to govern well in your own setting.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none">1. Learning objectives2. Introduction of the topic3. Introduction of the handouts/materials/guide4. Presentation on the topic	<ul style="list-style-type: none">▶ Guide for Continuous Governance Enhancement▶ Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust
15 minutes	2. Small group work session	Each group reviews the skills profile of their own governing body and discusses how it compares with the competency matrix of twenty core competencies. The group discusses competency gaps and	As above

Time	Activity	Focus	Relevant materials for reference
		other competencies needed to govern well and fulfill the organization's mission.	
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their governing competencies, competency gaps, and other competencies needed to govern well and fulfill the organization's mission. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes as to whether the participants have achieved the learning objectives identified above.	As above

Required Reading

1. Guide for Continuous Governance Enhancement

Background Reading

1. Competency-Based Governance: A Foundation for Board and Organizational Effectiveness by the Center for Healthcare Governance and Health Research & Educational Trust

Session Handouts

1. Governance Competency Mapping Tool
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on key governing competencies in their governing body.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives.

Competency Mapping Tool

*Information on age, gender, race/ethnicity, and number of years on the governing body is not related to governing competency. It is included to document diversity in the governing body.

	Current Members							Prospective Members				
	1	2	3	4	5	6	7	A	B	C	D	E
Age*												
19-34												
35-60												
51-65												
Over 65												
Gender*												
Male												
Female												
Race/Ethnicity*												
Number of years on the governing body*												
Personal competencies												
Accountability												
Achievement orientation												
Leading change												
Collaboration												
Community orientation												
Impact and influence												
Information seeking												
Innovative thinking												
Managing complexity												
Organizational awareness												
Professionalism												
Relationship building												
Strategic orientation												
Talent development												
Team leadership												
Knowledge and skills												
Health care service delivery and performance												
Health professional education, training, and practice												
Business and finance												
Human resources												
Senior management experience												
Other competencies												

	Current Members							Prospective Members						

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 10: Establishing infrastructure for effective governance

Governance infrastructure consists of people who govern, governance structures (governing body, committees, etc.), governance policies, governing body meetings, governance relationships, governance information system and the technologies that support them. The table below gives examples.

Governance Infrastructure					
People	Structures	Policies	Effective meetings	Relationships	Governance technologies
Members of the governing body with governing competencies needed to fulfill the organization's mission	Governing body, its committees, advisory bodies, and task forces	e. g., oversight, ethics, and conflict of interest; clear roles and responsibilities; term limits; orientation and education of members; governing body self-assessments	<ul style="list-style-type: none"> • Calendar of themed meetings • Meeting agendas • Meeting venues 	<ul style="list-style-type: none"> • With management • With health providers and health workers • With patients and communities • With other stake-holders 	<ul style="list-style-type: none"> ■ Governing body information system ■ Governing body web portal

Session Design

During this session, participants will be introduced to twenty elements of governance infrastructure that a governing body needs for effective governance.

1. Governing body of optimum size
2. Clear roles and responsibilities of the governing body
3. Competencies of members
4. Term limits
5. Committees structure of the governing body
6. Governing body meetings
7. Calendar of themed meetings
8. Meeting agendas
9. Meeting venues
10. Chief executive officer oversight
11. Ethics and conflict of interest
12. Orientation and education of members
13. Governing body self-assessments
14. Relationship with the Ministry of Health
15. Relationship with other providers
16. Relationship with physicians
17. Relationship with advisory councils
18. Relationship with the media
19. Governing body information system
20. Governing body web portal

Participants will review their own governance infrastructure and discuss how their governance infrastructure compares with the twenty key elements listed above. Participants will increase their understanding of the basic governance infrastructure a governing body needs for effective governance.

Trainer Goals

1. Introduce the twenty key elements of infrastructure a governing body needs for effective governance.
2. Help participants compare their own governance infrastructure with these twenty elements.
3. Help participants identify, discuss, and describe the governance infrastructure elements required to govern well and the infrastructure gaps that exist in their own setting.

Participant Goals

1. Get to know the key elements of infrastructure a governing body needs for effective governance.
2. Compare your own governance infrastructure with these key elements.
3. Identify, discuss, and describe the governance infrastructure required to govern well and the infrastructure gaps that exist in your setting.
4. Articulate your governance capacity building needs.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
15 minutes	1. Presentation by the facilitator	<ol style="list-style-type: none"> 1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide 4. Presentation on the topic 	► Guide to Good Governance for Hospital Boards by the Center for Healthcare Governance of the American Hospital Association
15 minutes	2. Small group work session	The group work is focused on practical ways to improve the infrastructure available to support enhanced governance decision making in the settings where participants govern. Each group reviews its own governance infrastructure against the twenty key elements	As above

Time	Activity	Focus	Relevant materials for reference
		of infrastructure a governing body needs for effective governance and discusses how they compare. Each group also discusses the key infrastructure gaps that come in the way of governing well and fulfilling the organization's mission. Each group recommends a series of governance infrastructure investments that have the potential to improve the effectiveness of their governing body.	
20 minutes	3. Plenary discussion	A group makes a presentation to the other groups on their current governance infrastructure and key gaps. Questions and answers follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	4. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the two groups and makes written notes as to whether participants have achieved the learning objectives identified above.	As above

Required Reading

1. Guide to Good Governance for Hospital Boards by the Center for Healthcare Governance of the American Hospital Association

Session Handouts

1. Governance Infrastructure Mapping Tool
2. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups on their key governance infrastructure and infrastructure gaps.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives identified above.

Governance Infrastructure Mapping Tool

Instructions for the participants: Answer yes/no on whether the element is critical to your organization’s mission, and rate the current infrastructure available to your governing body on a scale of 1 to 5 where 1 is the lowest score and 5 is the highest score, and in the last column, note actions for the infrastructure items which you consider are feasible and useful in your situation, etc.

Element of Governance Infrastructure	Whether critical to fulfill the organization’s mission	Rating of the extant infrastructure					What should be done to establish this infrastructure?
		1	2	3	4	5	
Governing body of optimum size							
Clear roles and responsibilities of the governing body							
Competencies of members							
Term limits of the members							
Committees structure of the governing body							
Governing body meetings							
Calendar of themed meetings							
Meeting agendas							
Meeting venues							
Chief Executive Officer oversight							
Ethics and conflict of interest policy and its implementation mechanism							
Orientation and education of members							
Governing body self-assessments							
Relationship with the Ministry of Health							
Relationship with other providers							
Relationship with physicians							
Relationship with advisory councils							
Relationship with the media							
Governing body information system							

Element of Governance Infrastructure	Whether critical to fulfill the	Rating of the extant infrastructure						What should be done to establish this infrastructure?
Governing body web portal								
Other governance infrastructure needed in your setting to govern well								

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 11: Governance enhancement planning

Session Design

During this session, participants will develop a “Governance Enhancement Plan” for their own governing body and an action plan to improve two to three strategic measures of their health center’s performance. Based on the five guides and discussions in the earlier Governance Academy sessions, they will prepare the governance enhancement plan and action plan, and define how best to ensure their implementation and periodic refinement.

Trainer Goal

Help participants develop a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their health center’s performance, and also appreciate the value of implementing these plans.

Learning Objectives

1. Brainstorm and outline a governance enhancement plan for your governing body based on the discussions during the academy.
2. Identify two to three strategic measures of organizational performance that your governing body wants to influence through the use of good governance.
3. Outline an action plan comprising specific and concrete action steps that the governing body will take for consistent application of the five effective governing practices over six to twelve months to influence the two to three strategic measures of organizational performance.
4. Present the governance enhancement plan and governance action plan.

By the end of Session 11, participants will have developed a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their health center’s performance.

Session participants

Two to four groups of five to six participants

Session Outline

Time	Activity	Focus	Relevant materials for reference
20 minutes	1. Presentation by the facilitator	1. Learning objectives 2. Introduction of the topic 3. Introduction of the handouts/materials/guide	► Guide for Continuous Governance Enhancement and the other four guides

Time	Activity	Focus	Relevant materials for reference
30 minutes	2. Small group work session	Each group reviews the illustrative formats for governance enhancement planning and adapts one for their purpose and context.	As above
60 minutes	3. Small group work session	Each group brainstorms and develops a governance enhancement plan for their own governing body and an action plan based on the five effective governing practices to improve two to three strategic measures of their health center's performance.	As above
10 minutes	4. Individual review	Each participant reviews the governance enhancement plan and the action plan.	As above
55 minutes	5. Plenary discussion	A group makes a presentation to the other groups on their governance enhancement plan and action plan. Question and answer and discussion follow. The remaining groups go through the same sequence of activities.	As above
5 minutes	6. Facilitator's assessment at the conclusion	Facilitator makes his or her assessment of the groups and makes written notes on whether the participants have a robust and practical plan for enhancing governance and organizational performance through governance in their setting.	As above

Required Reading

1. Guide for Continuous Governance Enhancement
2. Guide for Cultivating Accountability
3. Guide for Engaging Stakeholders
4. Guide for Setting a Shared Strategic Direction
5. Guide for Stewarding Resources

6. Appendix 1 and 2 of this handbook for samples of governance development plans

Session Handouts

1. Guide for Continuous Governance Enhancement
2. Illustrative format for governance enhancement planning
3. Facilitator's Evaluation Notes and Grading Rubric

Session outputs

1. Presentations by the groups of their governance enhancement plans and action plans.
2. Facilitator's notes on his or her assessment of the groups and whether participants have achieved the learning objectives identified above.

Facilitator's Evaluation Notes and Grading Rules

Name of the group:

Names of all the members of the group:

Names of the group members who made presentations or answered questions:

Grading rubric/rules

#	Item	Total marks	Marks obtained
1.	Whether the group has achieved learning objectives	40	
2.	Presentation: Confident, clarity of message, stimulated interest in the audience	20	
3.	Mastery of material Ability to answer questions	20	
4.	Whether the group generated new ideas	20	
	Total	100	

Evaluation Notes

Facilitator's Name

Place

Date

Facilitator's Signature

Session 12: Evaluating the learning experience

Learning Objectives

1. Evaluate the learning experience.
2. Make suggestions for its improvement for future participants.
3. Discuss next steps the governing body will take in the coming six to twelve months.

During the concluding one-hour session, using Governance Knowledge Assessment Instrument, participants will evaluate their learning experience during the training. This instrument is administered in the introductory session to record the baseline, i.e., before the Governance Academy training begins and once again in the concluding evaluation session to record the level of governance knowledge at the end of the academy.

Pre- and Post-Governance Academy Governance Knowledge Assessment Instrument

1. I know how to enhance my personal accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

2. I know what actions governance leaders can take to enhance the accountability of the health organization to its external stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

3. I know what essential steps governance leaders should take to cultivate internal accountability in their organization/health system.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

4. I know how governance leaders can enhance accountability among health workers, health providers, and health managers and make them more accountable.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

5. I know what necessary steps governance leaders should take to make their organization become transparent and appear transparent in its decision making.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

6. I know three concrete mechanisms for establishing social accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

7. I know at least two concrete ways to use technology for supporting accountability.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

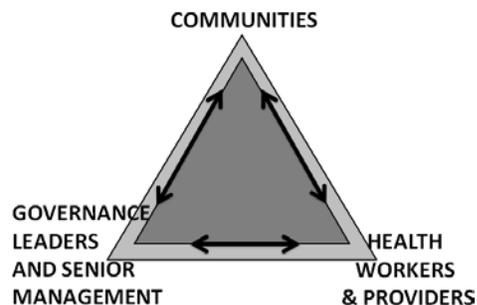
8. I know how governing body oversight differs from micro-management.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

9. I know at least three different ways of engaging with stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

10. I know what governance leaders should do to establish trust in the inter-relationships among communities, health workers, health providers, senior management, and governance leadership.



Not at all 1 2 3 4 5 6 7 8 9 10 Fully

11. I know what steps should be taken to achieve better collaboration among the many different sectors /organizations that impact health.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

12. I know at least three different ways in which governance decision making can be made more gender-responsive.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

13. I know what actions governance leaders should take to establish a shared strategic vision among key stakeholders.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

14. I know how governance leaders create a shared strategic plan.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

15. I know what governance leaders do to make implementation of their strategic plan a success.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

16. I know what governance leaders do to practice ethical and moral integrity.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

17. I know what senior management can do to increase efficiency and sustainability of the services the health service organization provides.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

18. I know how governance leaders can use information, evidence, and technology for the ethical and efficient use of resources.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

19. I know several different actions that governance leaders can take to reduce corruption in the health organization.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

20. I know several different ways in which measurement of results can be used to improve the organization's/health system's performance.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

21. I know what competencies are necessary for good governance.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

22. I know what actions governance leaders should take to build diversity in their governing body.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

23. I recognize the value of a good orientation for governing body members and their ongoing governance education.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

24. I know different ways of conducting governing body self-assessments.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

25. I know how the results of governance assessments can be used for governance enhancement.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

26. I know a process that can be used for continuous governance enhancement planning.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

27. I know what a chairperson should do to conduct effective governing body meetings.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

28. I know several governance policies at least by name.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

29. I know at least two governance technologies that governance leaders can use to make the governance process more efficient.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

30. I know what governance leaders should do to govern well.

Not at all 1 2 3 4 5 6 7 8 9 10 Fully

Appendix 1: Health Center Governing Body Governance Development Plan

I—Structure of the Governing Body

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Governing Body Composition				
1.	The governing body has a formal recruitment program that emphasizes organizational needs and required competencies.				
2.	The governing body has a long-range plan to further strengthen its composition, especially people from other spheres who add skill sets and varied perspectives (knowledge-based, demographic, and geographic) that lack representation on the governing body.				
	Calendar of Meetings				
3.	The governing body has evaluated meeting frequency to determine the optimal number of meetings and meeting duration.				
4.	The governing body publishes and updates the calendar at the beginning of each year.				
5.	The governing body has a strategy review and development meeting / retreat annually.				
6.	The governing body has a calendar for committee meetings.				
7.	The governing body includes in its annual calendar at least one formal, special meeting with policy makers, and at least one special meeting with community leaders.				
	Governing Body Meeting Agendas				
8.	The governing body strives to spend 60 percent of meeting time in most meetings focused on strategic and future issues, rather than on management and committee reports.				
9.	The governing body requires one-page executive summaries by management for all information items and action proposals.				
10.	The governing body requires management summaries to spell out management’s conclusions, assessment of pros and cons, and clear recommended course of action.				
11.	Governing body meetings periodically have time set aside for member education on current issues in health policy, community concerns, organizational concerns, etc.				
	Information				
12.	The governing body requires less but higher-quality information.				
13.	The governing body insists on greater reliance on dashboard and graphic indicators.				
14.	The governing body makes use of the electronic exchange of information.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Self-Assessment				
15.	The governing body seeks to continuously improve its own performance by conducting an annual assessment of the governing body as a whole.				
16.	The governing body seeks to continuously improve its own performance by conducting an annual assessment of individual members.				
17.	The governing body commits to remain educated on priority issues and come well prepared for meetings and interactions.				
	Bard Committees				
18.	Governing body committees and task forces have specific charters and roles and responsibilities.				
19.	Committees are comprised of well-qualified members, and the governing body has considered representation from outside the governing body.				
20.	Committees have efficient operating rules.				
21.	Committees have a strategic direction.				
22.	Committees have an annual action plan.				
	Governing Body Education				
23.	The governing body has a formal program for its own orientation and ongoing education.				
24.	The governing body has an annual education plan that is reflected in the organization's budget for governing activities and support.				

II—Attributes of the Governing Body

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Structure				
25.	The governing body is large enough to offer a diversity of views, yet small enough to be efficient.				
26.	Committees and task forces have specific charters, well-qualified members, and efficient operating rules.				
27.	The governing body redesigns governance based on opportunities to produce improved outcomes.				
	Leadership Effectiveness				
28.	The governing body behaves in a professional manner.				
29.	The governing body is not reluctant to challenge strategic thinking of management.				
30.	The governing body understands the difference between management and governance, and strives to stay out of internal organizational operations and day-to-day management.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
31.	The governing body is team-oriented and comprised of team players.				
32.	The governing body uses excellent decision-making techniques.				
33.	The governing body understands health policy issues, challenges, and impacts.				
34.	Members are leaders who know how to encourage innovation and welcome organizational change.				
35.	The governing body confronts barriers to organizational transformation and innovation.				
36.	The governing body deals efficiently and effectively with unplanned change.				
37.	The governing body focuses on vision and outcomes versus programs and actions.				
38.	Governing body members are open to alternative views and challenge conventional wisdom.				
39.	Governing body members think in terms of the future and can envision various scenarios and their implications.				
	Governing Body Culture				
40.	The governing body has a shared governance vision.				
41.	The governing body has a culture that embraces change and has an orientation that embraces results.				
42.	The governing body views change as a creator of opportunities versus viewing change as a threat.				
43.	The governing body capitalizes on the knowledge, insights, and experiences of its members.				
44.	The governing body successfully adapts to a complex, fast-paced environment.				
45.	The governing body makes rapid and informed decisions.				
46.	The governing body synthesizes important information into knowledge for strategic advantage.				
	Chief Executive Evaluation				
47.	The governing body has comprehensive, clear criteria for chief executive evaluation.				
48.	The governing body and chief executive agree on scope, purpose, and how evaluation is tied to the chief executive's compensation.				
49.	The evaluation has specific performance goals related to strategic success.				
50.	The evaluation process works effectively to attract/retain quality management leadership.				
	Governing Body Membership and Selection				
51.	The governing body has a competency-based selection process that is matched to its strategic needs.				
52.	Each member has an expertise profile.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
53.	The selection process ensures diverse, well-qualified, and dedicated people.				
54.	Recruitment is based on future governing body needs (at least three years in the future).				
55.	The governing body has evaluated whether term limits do or would work well for its overall performance.				
	Governing Body Self-Assessment				
56.	The governing body conducts an annual self-assessment of the governing body as a whole.				
57.	The governing body conducts assessments of individual members, and uses the outcomes of these assessments in reappointment decisions.				
58.	The governing body uses the assessment process to identify specific governance improvement opportunities, and has included these in an annual plan for improvement.				
	Strategic Decision Making				
59.	Governing body meeting agendas match strategic issues and priorities.				
60.	The governing body devotes at least 60 percent of its time to strategic and policy issues; it generates key insights and wisdom versus simply gathering information.				
61.	Governing body discussion is future-oriented.				
62.	Management provides the governing body with well thought-out options and alternatives.				
63.	The governing body provides strategic guidance to management.				
64.	The governing body continually scans the environment for meaningful change that is critical to the organization.				
65.	The governing body anticipates health service user needs rather than reacts to them.				
66.	The governing body strategically invests in new core competencies.				
67.	The governing body can rapidly modify strategic direction as circumstances change.				
	Stakeholder Relationships				
68.	The governing body understands key stakeholders' perceptions.				
69.	The governing body develops responses to community needs.				
70.	The governing body has clearly defined the organization's values, and has committed to exceeding expectations and enhancing stakeholder satisfaction.				
71.	The governing body knows how to build collaborative relationships.				
72.	The governing body understands and develops effective responses to the interests and needs of				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	clients.				
73.	The governing body has an active advocacy program to ensure that civic, state, and national leaders understand key issues related to the health sector.				
74.	The governing body has defined what success will look like as a result of governance and organizational change.				
	Governing Body Education and Orientation				
75.	The governing body has a written policy and budget for education and development.				
76.	New members receive a thorough orientation.				
77.	The governing body has an active ongoing education program tied to strategic challenges.				
78.	The governing body has a peer-to-peer mentoring program.				
79.	Governing body meetings typically include an education component.				
80.	The governance development process includes governance issues, education, and self-assessment				

III—Governing Body Practices

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	Governing Body Composition				
	Duty of Care				
81.	The governing body requires that new members receive education on their fiduciary duties.				
82.	The governing body regularly reviews policies that specify its major oversight responsibilities at least every two years.				
83.	The governing body reviews the financial feasibility of projects before approving them.				
84.	The governing body considers whether new projects adhere to the organization’s strategic plan before approving them.				
85.	The governing body receives important background materials at least one week in advance of meetings.				
86.	The governing body has specified minimum meeting attendance requirements in a written policy.				
87.	The governing body ensures effective committee structure by updating committee charters annually.				
88.	The governing body oversees but doesn’t “repeat” its committees’ work.				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
89.	The governing body secures expert, professional advice before making major financial and/or strategic decisions.				
	Duty of Loyalty				
90.	The governing body has adopted a conflict of interest policy.				
91.	The governing body's conflict of interest policy contains specific criteria for when a member's material conflict of interest is so great that the member should no longer serve on the governing body.				
92.	Governing body members complete a conflict of interest disclosure statement annually.				
93.	The governing body assesses the adequacy of its conflict of interest statement at least every two years.				
94.	The governing body has adopted a specific code of ethics and conduct.				
95.	The governing body enforces a written policy on confidentiality that requires members to refrain from disclosing confidential governing body matters.				
96.	The governing body enforces a written policy that states that deliberate violations of conflict of interest constitute grounds for removal from the governing body.				
97.	The governing body's enforcement of the organization's conflict of interest policy is uniformly applied across all members of the governing body.				
98.	The governing body ensures that the tax filing meets the highest standards for completeness and accuracy.				
	Duty of Obedience				
99.	The governing body oversees a formal assessment at least every two years to ensure fulfillment of the organization's mission.				
100.	The governing body ensures that the organization's written mission statement correctly articulates its fundamental purpose.				
101.	The governing body rejects proposals that put the organization's mission at risk.				
102.	The governing body has approved a "code of conduct" policies/ procedures document that provides ethical requirements for governing body members, employees, and consultants.				
103.	The governing body has approved a "whistleblower" policy that specifies the following: the manner by which the organization handles employee complaints and allows employees to report in confidence any suspected misappropriation of charitable assets.				
	Financial Oversight				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
104.	The governing body approves the organization's capital and financial plans.				
105.	The governing body reviews information at least quarterly on the organization's financial performance against plans.				
106.	The governing body demands corrective actions in response to under-performance on capital and financial plans.				
107.	The governing body requires that the organization's strategic and financial plans are aligned.				
108.	The governing body monitors the organization's debt obligations and investment portfolio.				
109.	Governing body members responsible for audit oversight meet with external auditors, without management, at least annually.				
110.	The governing body has a written external audit policy that makes it responsible for approving the auditor as well as approving the process for audit oversight.				
111.	The governing body has created a separate audit committee (or another committee or subcommittee specific to audit oversight) to oversee the external and internal audit functions.				
112.	The governing body has adopted a policy that specifies that the audit committee (or other committee/subcommittee whose primary responsibility is audit oversight) must be composed entirely of independent persons.				
	Quality Oversight				
113.	The governing body reviews quality performance measures (using dashboards, balanced scorecards, or some other standard mechanism for governing body-level reporting) at least quarterly to identify needs for corrective action.				
114.	The governing body devotes a significant amount of time on its meeting agenda to quality issues/discussion at most governing body meetings.				
115.	The governing body reviews the quality of its performance by comparing its current performance to its own historical performance.				
116.	The governing body has a standing quality committee.				
117.	The governing body reviews client satisfaction/client experience scores at least annually.				
118.	The governing body participates at least annually in education regarding issues related to its responsibility for quality of work in the organization.				
119.	The governing body has adopted a policy that requires the organization to report its quality				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	performance to the general public.				
	Setting Strategic Direction				
120.	The full governing body actively participates in establishing the organization's strategic direction, such as creating a long-range vision, setting priorities, and developing/approving the strategic plan.				
121.	The governing body is engaged in ongoing education about the critical strategic issues challenging the organization.				
123.	The governing body requires that all plans in the organization (e.g., financial, capital, operational, quality improvement) be aligned with the organization's overall strategic plan/direction.				
124.	The governing body evaluates proposed new programs or services using such factors as financial feasibility, market potential, impact on quality, and so forth.				
125.	The governing body discusses the needs of all key stakeholders when setting strategic direction for the organization (i.e., clients, employees, and the community).				
126.	The governing body considers how the organization's strategic plan addresses client needs before approving the plan.				
127.	The governing body requires that major strategic projects specify both measurable criteria for success and who is responsible for implementation.				
128.	The governing body sets annual goals for its and its committees' performance that support the organization's strategic plan/direction.				
129.	The governing body spends more than half of its meeting time during most meetings discussing strategic issues as opposed to hearing reports.				
130.	The governing body has adopted policies and procedures that define how strategic plans are developed and updated (e.g., who is to be involved, time frames and the role of the governing body, management, physicians, and staff).				
131.	The governing body requires management to have an up-to-date staff development plan that identifies the organization's needs.				
132.	The governing body reviews an up-to-date client needs assessment at least every two years to understand issues among the clients served.				
	Self-Assessment and Development				
133.	The governing body engages in a formal process to evaluate its own performance at least every two years.				
134.	The governing body uses the results from the				

#	Item	We Do This Well Now	We Need to Focus on This	Plan for Improvement	
				Tasks	Timeline
	process to establish its performance improvement goals.				
135.	The governing body uses a formal orientation program for new members.				
136.	The governing body ensures that governing body members receive support for ongoing member education.				
137.	The governing body assesses the organization's bylaws/structures at least every three years.				
138.	The governing body uses competency-based criteria when selecting new members.				
139.	The governing body uses a formal process to evaluate the performance of individual members.				
140.	The governing body has established performance requirements for member reappointment.				
141.	The governing body has a mentoring program for new members.				
142.	The governing body uses an explicit process of leadership succession planning to recruit, develop, and choose future governing body chair and committee chairs.				
	Management Oversight				
143.	The governing body follows a formal process for evaluating the chief executive's performance.				
144.	The governing body and chief executive mutually agree on the chief executive's written performance goals prior to the evaluation.				
145.	The governing body requires that the chief executive's compensation package is based, in part, on the chief executive performance evaluation.				
146.	The governing body convenes executive sessions periodically without the chief executive in attendance to discuss the chief executive's performance.				
	Advocacy				
147.	The governing body reviews a survey of client perceptions of the organization at least every three years.				
148.	The governing body has a written policy establishing its role in mobilizing resources.				
149.	The governing body expects individual members to engage in advocacy efforts with legislators and policymakers.				
150.	The governing body has adopted a policy regarding information transparency, explaining to the organization's clients in understandable terms its performance on measures of quality, pricing, and customer service.				

(Source: Adapted from The Governance Institute. 2010. *Elements of Governance. Governance Development Plan*. San Diego, CA.)

Appendix 2: Case study for reflection

Community-Based Monitoring of Primary Healthcare Providers in Uganda

(Source: Abdul Latif Jameel Poverty Action Lab. <http://www.povertyactionlab.org/evaluation/community-based-monitoring-primary-healthcare-providers-uganda>)

Rural dispensaries in Uganda provide preventive outpatient care, maternity, and laboratory services. A number of entities are responsible for supervision and control of the dispensaries including the Health Unit Management Committee, who monitor the day-to-day running of the facility, but have no authority to sanction workers. The Health Sub-district, one level above, is supposed to monitor funds, drugs, and service delivery, but this monitoring is infrequent. Only the Chief Administrative Officer of the District and the District Service Commission have the authority to suspend or dismiss staff. Usually staffed by one medical worker, two nurses, and three aides, dispensaries provide no incentives for their workers to increase their efforts. Researchers conducted a randomized evaluation at 50 dispensaries from nine districts in Uganda to see if community monitoring could impact health worker performance and subsequent health utilization and outcomes.

In the area around 25 randomly selected dispensaries, local NGOs facilitated three sets of meetings. In the first, approximately 150 community members, both the disadvantaged and the elite, discussed the status of their health services and means of identifying steps the providers should take to improve health service provision. Second, a provider staff meeting was held to contrast the citizen view on service provision with that of the health worker. The third, an interface meeting, allowed community members and health workers to discuss patient rights and provider responsibilities. The outcome was a shared action plan, or a contract, outlining the community's and the service providers' agreement on what needs to be done, how, when, and by whom. These three sets of meetings aimed to kick-start the process of community monitoring. After six months, community and interface meetings were held to review progress and suggest improvements.

A survey was administered to both the service providers and a randomly selected subset of households around each dispensary prior to the intervention and again one year later. This information was supplemented by administrative records and visual checks of the dispensary. *Impact on Quality Care:* A year after the first round of meetings, health facilities in treatment villages were 36 percent more likely to have suggestion boxes and 20 percent more likely to have numbered waiting cards, relative to the comparison facilities. There was a 12 minute reduction in waiting time, and a 13 percentage point reduction in absenteeism, and the overall facility cleanliness of the facility improved.

Impact on Health Outcomes: Utilization of general outpatient services was 20 percent higher in the treatment group. Specifically, 58 percent more people came for child birth deliveries, 19 percent more patients sought prenatal care, number of patients seeking family planning increased by 22 percent, and immunizations increased for all age groups, especially newborns. Households also reduced the number of visits to traditional healers and the extent of self-

treatment. Relative to the comparison group, intervention communities saw a 33 percent reduction in the mortality of children under 5 years old. Degree of community monitoring had significant relationship with health utilization and outcomes.

Appendix 3: Want to learn more?

Govern4Health App

(Available on the Apple App Store and the Android Market)

This app is created to provide health leaders with basic information on the essential practices of good governance. The Govern4Health app aims to demystify health governance by providing practical actions for health leaders, managers, and people who govern. Unlike traditional methods of learning, the Govern4Health app provides a highly interactive way for users to learn about implementing good governance through different quizzes, discussion forums, and governing tips which can be accessed at any time. The app also offers evidence on why governance matters, along with a tool to assess gender responsiveness and tips on how to continually enhance governance.

LMG governance guides and handbooks

The guides contain best practices, tools and references, and resources for good governance. Training Facilitation Handbooks are designed to accompany the guides and are meant to be used by training facilitators to deliver the contents of the guides following a structured methodology. Separate handbooks are available for training governance leaders of (1) ministries of health, (2) provincial health departments or provincial health systems, (3) district health offices or district health systems, (4) hospitals, and (5) health centers. The LMG governance guides and handbooks are available at <http://www.lmgforhealth.org/expertise/governing>

Guides

1. Guide for Cultivating Accountability
2. Guide for Engaging Stakeholders
3. Guide for Setting a Shared Strategic Direction
4. Guide for Stewarding Resources
5. Guide for Continuous Governance Enhancement

Handbooks

1. Training Facilitation Handbook for the Ministry of Health Governance Leaders and Staff
2. Training Facilitation Handbook for Provincial Health Office Governance Leaders and Staff
3. Training Facilitation Handbook for District Health Office Governance Leaders and Staff
4. Training Facilitation Handbook for Hospital Governance Leaders and Staff
5. Training Facilitation Handbook for Health Center Governance Leaders and Staff

LeaderNet

LeaderNet is a virtual community of health professionals, managers, facilitators, and technical experts who are interested in improving the leadership, management and governance of health services and programs. LeaderNet offers multilingual online seminars, tools and resources on leadership, management and governance, and networking opportunities for health professionals around the world. You may join LeaderNet community of practice at [http://leadernet.msh.org/!](http://leadernet.msh.org/)

Governance guides and handbooks from other organizations

1. Healthy NHS Board
<http://www.leadershipacademy.nhs.uk/discover/the-healthy-nhs-board/>
2. Good Governance Institute <http://www.good-governance.org.uk/publications/>
3. Healthcare Quality Improvement Partnership
<http://www.hqip.org.uk/assets/Guidance/GGI-HQIP-Good-Governance-Handbook-Jan-2012.pdf>
4. Institute of Healthcare Improvement
<http://www.ihl.org/resources/Pages/Tools/HowtoGuideGovernanceLeadership.aspx>
5. Governance Center of Excellence <http://www.thegce.ca/Pages/default.aspx#5>
6. IPPF Code of Good Governance <http://www.ippf.org/resource/IPPF-Code-Good-Governance>
7. IPPF Governance Handbook
<http://www.ippf.org/resource/Welcome-Board-governance-handbook>
8. Center for Healthcare Governance
<http://www.americangovernance.com/americangovernance/resources/blueribbon.html>
<http://www.americangovernance.com/resources/reports/guide-to-good-governance/>
9. CDC Local Public Health Governance Performance Assessment
<http://www.cdc.gov/nphpsp/documents/final-governance-ms.pdf>
http://www.cdc.gov/nphpsp/documents/governance/07_110300-gov-booklet.pdf
10. WHO
http://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_Governance.pdf
11. MSH Pharmaceuticals and the Public Interest: The Importance of Good Governance
<https://www.msh.org/resources/pharmaceuticals-and-the-public-interest-the-importance-of-good-governance>
12. Effective Governance for Quality and Patient Safety in Canadian Healthcare Organizations
<http://www.patientsafetyinstitute.ca/English/research/PatientSafetyPartnershipProjects/governanceForQuality/Documents/Full%20Report.pdf>
13. Governance Guide for Primary Health Organizations
<http://www.nzdoctor.co.nz/media/265830/governanceguideforphosdraft07.pdf>
14. Good governance guide helping local governments govern better
<http://www.goodgovernanceguide.org.au/>
15. Good Governance Institute of Australia
<http://www.governanceinstitute.com.au/knowledge-resources/good-governance-guides/>

16. Good governance guide for public sector agencies
<http://www.publicsector.wa.gov.au/public-administration/public-sector-governance/good-governance-guide-public-sector-agencies>
17. Practical Guide to Collaborative Governance and Training Manual
http://www.policyconsensus.org/publications/practicalguide/collaborative_governance.html
18. ELDIS
http://www.eldis.org/go/topics/resource-guides/health-systems/governance-and-health#.U3mtp_YU-wl
19. DIY committee guide <http://www.diycommitteeguide.org/resource/governance-health-check>
20. National Association of Local Boards of Health <http://nalboh.org>
21. National Association of Public Hospitals and Health Systems www.naph.org
22. National Center for Healthcare Leadership <http://www.nchl.org/>
23. Great Boards <http://www.greatboards.org/>
24. BoardSource
<https://www.boardsource.org/eweb/DynamicPage.aspx?Site=bds2012&WebKey=6d3c3e6f-9d8c-441b-946c-f5a41d1e4b86>
25. UNDP Oslo Governance Center Assessing Governance to Achieve Health and Education Goals
http://www.undp.org/content/undp/en/home/librarypage/democratic-governance/oslo_governance_centre/assessing-governance-to-achieve-health-and-education-goals/

Continued governance education opportunities

Many continued governance education opportunities are currently available if you would like to continue learning. We have listed several such opportunities below.

1. e-Institute of the World Bank
 - a. *e-courses*
 - 1) Introduction to Social Accountability
 - 2) Social Accountability Tools for the Africa Region
 - 3) ICT for Social Accountability
 - 4) Gender Equality and Development
 - 5) Health Outcomes and the Poor
 - 6) Management in Health
 - 7) Results Based Financing in Health
 - 8) Strengthening the Essential Public Health Functions: Part I, II and III

Part I covers introductory module and basis and organization of health systems: (i) Health Situation Monitoring; (ii) Surveillance and Risk Control; (iii) Human Resource Development; (iv) Emergencies and Disasters.

Part II covers strategy and policy: (v) Policy Development; (vi) Regulation; (vii) Health Promotion; and (viii) Research.

Part III covers Track 3: Access and Quality: (ix) Quality of Services; (x) Equitable Access; (xi) Social Participation; and (xii) Inter-sectoral Action for Health.

b. Webinars

Introduction to Principles and Guidelines for Better Governance in Hospitals
<http://einstitute.worldbank.org/ei/webinar/themes/improving-governance-and-social-accountability-in-health-care-services-delivery>

Improving Health Service Delivery in Uganda: A Multistakeholder Approach
<http://einstitute.worldbank.org/ei/webinar/improving-health-service-delivery-uganda-multistakeholder-approach>

c. eCommunities

<http://einstitute.worldbank.org/ei/community>

An e-community is a web site where people and practitioners from around the globe who share common concerns get together to exchange ideas, experiences, resources, challenges and possible solutions, and tools on a specific subject. You will find several online learning communities at the above site. Governance and Health Systems (Electronic Network of Procurement Practitioners (eNePP)) and Governance (Voices against Corruption Youth Network) are two examples. You may join the communities of practice of your interest.

2. Online courses from other institutions

1) Maastricht University

<http://mgsog.merit.unu.edu/education/onlinecourses.php?cat=governance>

Governance is a complex concept which is often used but not always correctly understood. It is an elusive notion, defined and measured in various ways. Sometimes, the idea of governance is differently placed in practice or wrongly conceptualized theoretically. This course guides participants through key theoretical debates surrounding the concept of governance while at the same time presenting a range of empirical examples to illustrate how governance works in practice. The framework of the course comprises and tackles the following facets of governance: governance as an analytical term, governance and public administration, governance and globalization, governance as decision-making, (good) governance and international organizations. The target group of this course is oriented but not limited to students, policy practitioners, NGOs staff, civil and international servants.

The course is structured in 5 learning modules stretched across 10 weeks. The learning process will feature a series of online lectures, tutorial supervision, online movie screenings, and assignments. The design of the course is structured as such as to allow mobility in the work and schedule for every participant. Course fee is 250 – 400 euro.

2) Wisdom center

<http://www.wisdomnet.co.uk/courses/clinical-governance>

This short training course is for clinicians and health service managers. It provides a comprehensive introduction to clinical governance and risk management, and how they can be used to deliver excellence in clinical care. Training is delivered entirely online. You can start at any time and take as long as you wish to complete the training. Most participants prefer to study one topic a week (approximately two hours study time), spreading it over a ten-week period.

The course has been divided into 10 topics, covering the key elements of clinical governance and risk management, that include Finding and using evidence, EBP and guidelines, Patient and Public Involvement, Accountability, performance and underperformance, Risk management, Audit, effectiveness and coding, Patient safety and significant event audit, and Data security and Confidentiality.

3) UNESCO

Online Course on Governance of Decentralized Sanitation

<http://www.unesco-ihe.org/online-course-governance-decentralized-sanitation>

The overall objective of this course is to provide participants with an understanding of policy and management challenges with reference to peri-urban sanitation services.

4) The Governance Institute

<http://www.governanceinstitute.com.au/learning/short-courses-certificates/>

Governance Institute's Certificate courses provide knowledge and skills for those in a governance role who are responsible for the corporate accountability functions of an organization and who require a broad understanding of their governance responsibilities and the skills required to carry them out. This can be in a public or proprietary company, a not-for-profit, public sector or other organization.

5) Online Health Governance Development Program

<http://www.cha.ca/online-health-governance-development-program-to-launch/>

The Canadian Healthcare Association (CHA) has launched the Governance Development Program (GDP) – a distance learning program designed to support the training of health sector boards of directors. The GDP is a series of online courses aimed at developing and strengthening key health governance competencies. This series of courses focuses on essential governance skills and knowledge. CHA has another course in the series: Governing for Quality and Safety.